Energy Employees Occupational Illness and Compensation Act (EEOICPA)

Liability Estimate

Liability Estimate as of September 30, 2025

Office of Workers' Compensation Programs

U.S. Department of Labor

Report Date: September 26, 2025

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Introduction

The Energy Employees Occupational Illness Compensation Program Act ("EEOICPA") provides compensation and medical benefit payments to claimants employed in various energy-related activities either directly for the Department of Energy ("DOE") or through its contractors or subcontractors. Eligible claimants also include survivors of deceased workers who otherwise would have been eligible for benefit payments.

The Office of Workers' Compensation Programs ("OWCP") at the U.S. Department of Labor maintains a model to estimate the future payments of the EEOICPA program. The model is updated annually, and is documented, tested, and reviewed internally and externally.

The purpose of this valuation report is to document the Energy Employees' Occupational Illness Compensation Program ("EEOICP" or "Energy Workers Program") actuarial liability estimate and the change in the actuarial liability. The U.S. Department of Labor uses this estimate in preparing the consolidated financial statements, as of and for the fiscal year ended September 30, 2025, in accordance with U.S. generally accepted accounting principles, as promulgated by the Federal Accounting Standards Advisory Board and all relevant Actuarial Standards of Practice.

OWCP additionally contracts an external consulting actuarial firm, Lepton Actuarial & Consulting, ("the external actuary") to review the reasonableness of the actuarial liability model's inputs and assumptions, ensure that the calculations in the model are mathematically correct, and opine on a reasonable range of actuarial estimates. A copy of that review is included in Appendix 5.

As is true with any actuarial estimate, actual future payments may differ significantly from the estimates presented herein. The level of difference between the actual results and these projections could potentially be substantial and could be in either direction.

This report contains exhibits with table of figures for which totals may not precisely equal the sum of components because of independent rounding.

Executive Summary

Part B of EEOICPA, effective July 31, 2001, provides lump sum compensation of $150,000 and medical expenses to employees of the Department of Energy ("DOE"), or its contractors or subcontractors, among others, who develop cancer, beryllium disease, or chronic silicosis after working at a covered facility. If the employee is no longer living, compensation benefit payments may be available to survivors. Part B also covers certain classes of employees under a Special Exposure Cohort ("SEC"). A worker who is diagnosed with one of 22 specified cancers and worked for a specified period of time at one of the SEC work sites may receive a presumption of causation under the EEOICPA. The National Institute for Occupational Safety and Health ("NIOSH") has responsibility for designating additional classes to the SEC.

Part E of the Act, effective October 28, 2004, provides wage loss, impairment benefit, and medical expenses to DOE contractors, subcontractors, and uranium miners, millers, and ore transporters as defined by the Radiation Exposure Compensation Act ("RECA") Section 5, who develop an illness due to exposure to toxic substances at certain DOE worksites. Part E also pays survivor benefits to certain survivors. Part E pays a maximum compensation amount of $250,000 per case.

As of 9/30/2025, the discounted liability estimate for future EEOICPA benefit payments is $107.3 billion. The future compensation payments are projected at $8.6 billion, and the future medical payments are projected at $98.7 billion, on a discounted basis. This is a 27% increase over the 9/30/2024 liability estimate of $84.3 billion, driven mainly by an increase in estimated future home health care payments, and increased medical expense trend rates.

TABLE 1
ESTIMATED EEOICPA LIABILITY

SUMMARY OF LIABILITY FOR FUTURE PAYMENTS
($ billions)

	Discounted Liability Estimate		Difference	
	as of 9/30/2025	as of 9/30/2024	$	%
Compensation: Part B	$ 2.0	$ 2.3	$ (0.3)	-11.6%
Compensation: Part E	6.6	6.7	(0.1)	-2.2%
Compensation: Total	8.6	9.0	(0.4)	-4.6%
Medical Payments	98.7	75.3	23.4	31.0%
Total Future Payments	$ 107.3	$ 84.3	$ 23.0	27.2%

The discount rates used for the 9/30/2025 estimate were 3.020% for compensation and 3.541%. for medical. The totals may not equal the sum of the components, due to independent rounding.

Uncertainty around the actuarial estimates

The Energy Workers Program is a unique program and has wider range of uncertainty around the liability estimate than may be observed with other workers' compensation programs.

The liability estimate of $107 billion represents our best professional judgment of the valuation of future payments given the information currently known. We would like to include for context, that our external actuary has estimated a range of $80.5 billion to $119.2 billion (see Appendix 5) as the range of reasonable estimates. The range of reasonable estimates indicates potential liability estimate amounts that other actuaries analyzing the same set of data may be likely to produce.

In other workers' compensation programs, the universe of potential claimants (i.e., the number of employees covered by the program) is generally known and the covered employees are generally aware that a workers' compensation system exists should the employee become injured or contract a disease. For the Energy Workers Program, although the program itself was enacted in 2001, the exposure period for the program begins in the 1930s and continues to present day. The employees covere program encompass a broad range of employers and participants including DOE employees, DOE contractors, subcontractors of DOE contractors, beryllium vendors, atomic weapons employers, uranium miners and millers and iron ore transporters. We do not have full employment statistics available to estimate the total number of employees covered. Additionally, it is not clear what percentage of the employees and survivors of the employees are aware of the existence of the program. The Energy Workers Program continues to conduct in-person outreach sessions to provide awareness of the program to former workers. To date, applications have been filed representing over 149,000 individual workers.

That being said, we do have over 20 years of available data for these individual workers, including dates of award and payments made, along with guidance from the EEOICPA program, that we utilize to inform our judgment about likely trends in the future.

Table 2
Projections by Fiscal Year

	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036-2085	Total 2026-2085
Estimated Payments ($millions)													
Compensation Part B	$ 228	$ 221	$ 217	$ 198	$ 169	$ 151	$ 140	$ 129	$ 120	$ 111	$ 103	$ 1,054	$ 2,614
Compensation Part E	517	502	543	549	526	495	471	451	414	393	372	4,258	8,975
Medical Payments	2,395	2,674	2,996	3,324	3,622	3,883	4,123	4,348	4,556	4,745	4,915	149,425	188,612
Total Payments	$ 3,139	$ 3,398	$ 3,756	$ 4,071	$ 4,317	$ 4,529	$ 4,735	$ 4,928	$ 5,090	$ 5,249	$ 5,390	$ 154,736	$ 200,200
Estimated Number of Initial Awards													
Part B	1,663	1,839	1,869	1,656	1,246	1,050	964	888	820	758	701	7,118	18,907
Part E	2,859	3,520	3,604	3,308	2,782	2,474	2,282	2,105	1,941	1,791	1,652	15,724	41,182
Discount Factors													
Compensation	na	0.985	0.956	0.928	0.901	0.875	0.849	0.824	0.800	0.777	0.754	0.583	0.742
Medical	na	0.983	0.949	0.917	0.885	0.855	0.826	0.798	0.770	0.744	0.719	0.443	0.523
Discounted Payments ($millions)													
Compensation Part B	na	$ 218	$ 208	$ 184	$ 152	$ 132	$ 119	$ 107	$ 96	$ 86	$ 78	$ 630	$ 2,009
Compensation Part E	na	495	519	509	474	433	400	372	331	305	280	2,465	6,585
Medical Payments	na	2,628	2,844	3,047	3,206	3,320	3,405	3,468	3,509	3,530	3,532	66,179	98,668
Total Discounted Payments	na	$ 3,341	$ 3,571	$ 3,740	$ 3,833	$ 3,886	$ 3,924	$ 3,946	$ 3,937	$ 3,922	$ 3,890	$ 69,274	$ 107,263

Table 3
Reconciliation of Change in Liability Estimate
($ billions)

Discounted Liability Estimate as of 9/30/2024		$84.3
1.	Fiscal year 2025 roll off of estimate	(2.9)
2.	Discount to 9/30/2025 instead of 9/30/2024	2.9
3.	2025 medical payments greater than projected	6.4
4.	Increase in estimated long-term medical inflation rates	15.4
5.	Increase in estimated short-term medical inflation rates	1.7
6.	Higher discount rates in the 9/30/2025 model	(10.6)
7.	Increase in estimated number of future Part E initial awards	2.2
8.	Combination/other	7.9
Total Change		23.0
Discounted Liability Estimate as of 9/30/2025		$107.3

Explanation of changes:

1. **Fiscal year 2024 roll off of estimate**

   Fiscal year 2025 payments are no longer included in the estimate, since the projection period is as of 9/30/2025.

2. **Discount to 9/30/2025 instead of 9/30/2024**

   The 9/30/2024 estimate was discounted to 9/30/2024 and the 9/30/2025 estimate is discounted to 9/30/2025.

3. **2025 medical payments greater than projected**

   In the previous model, fiscal year 2025 medical payments were projected to be $2.24 billion. The revised projection for fiscal year 2025 medical payments is now $2.40 billion. Because estimated future medical payments are indexed to the current year, the increase in 2025 payments results in increased estimates for future medical payments as well.

4. **Increase in estimated long-term medical inflation rates**

The estimated long-term medical inflation rates (future years 6-60 in the model) have been increased from 5.0% to 6.6%. The observed medical inflation rates for the EEOICPA program continue to trend higher than overall medical inflation rates, so a rate greater than 5.0% was selected in the 2024 model.

5. Increase in estimated short-term medical inflation rates

The estimated short-term medical inflation rates (future years 1-5 in the model) have been increased to reflect recently observed inflation rate trends.

6. Higher discount rates for the 9/30/2025 model

The rates used to discount future cash flows to present value are higher in the 2025 model than in the previous year's model. The present value of the liability is inversely related to the discount rates, such that higher discount rates result in a lower liability rate. See page 28 for more information regarding the selection of the discount rates.

7. Increase in estimated number of future Part E initial awards

The number of Part E initial awards in 2025 was lower than projected. However, the estimated number of future initial awards has been increased to reflect the RECA amendment in the One Big Beautiful Bill Act.

8. Combination/other

The impacts of all other changes to the assumptions or actual results are included in this row.

Actual vs Projected

Number of Initial Awards

Overall, from 7/1/2024 to 6/30/2025, there were 1% higher Part B initial awards and 11% fewer Part E initial awards than what was projected.

Table 4
Total Number of Initial Awards 7/1/2024 - 6/30/2025

	Projection as of 9/30/24	Actual	Diff	% Diff
B: RECA Section 5	118	126	8	6%
B: Beryllium Related	53	54	1	2%
B: Chronic Silicosis	680	502	(178)	-26%
B: Cancer (SEC)	529	721	192	36%
B: Cancer Other	272	261	(11)	-4%
Part B Total	1,652	1,664	12	1%
Part E	3,120	2,776	(344)	-11%

Cash Flow

The revised cash flow projection for fiscal year 2025 is 6% higher than the amount projected as of 9/30/2024. The main driver of the difference is an ongoing increase in home health care payments.

Table 5
Estimated Benefit Payments FY 2025

	Projected @9/2024	Actual 9 month + Proj 3 mo	$ Difference	%Diff
Part B Compensation Payments	$ 229,512,838	$ 227,577,250	$ (1,935,588)	-1%
Part E Compensation Payments	489,639,135	516,913,641	27,274,507	6%
Medical Payments	2,238,472,117	2,395,000,000	156,527,883	7%
Total	$ 2,957,624,090	$ 3,139,490,891	$ 181,866,801	6%

The EEOICPA Liability Model

The EEOICPA analysis consists of the following steps:

1. Organize and aggregate the data

Compensation Benefit Payments

2. Estimate the number of future initial awards
3. Estimate the average compensation payout per awarded case
4. Determine the payout patterns to estimate the compensation cash flow by year

Medical Benefit Payments

5. Estimate the percentage of cases eligible for medical benefits
6. Remove double counting – cases can be approved for both Part B and Part E
7. Apply mortality assumptions to determine the number eligible for medical benefits
8. Estimate the number of individuals eligible for medical benefits
9. Estimate the average medical payments and future inflation rates
10. Calculate the total expected medical payments

11. Discount the future payments to 9/30/2025

These steps are described in detail in the next sections.

1: Organize and Aggregate the Data

The EEOICPA analysis is performed using detailed claim-level data extracts. Data provided includes information on medical payments by case, compensation payments by claim and case, claim disposition status (e.g., approved, denied, pending decision, etc.), and employee data such as date of birth, sex, date of death (if known), and survivor information.

The data provided for this analysis consists of a series of text data files that were imported into a database for further analysis and manipulation. The source data includes the following tables:

Table Name	Description
Bp_history	History of medical payments by case
Case_main	Employee information by case, includes RECA indicator
Causation	All causation records, includes SEC identifier
Claimant	Claim information included type of claim and filing dates
Employment	Employment information for employees, including worksite ID
FD	Final decision table by case, identifies acceptance/denial of filed claims
Medical	Medical information by case, includes disease type
Payment_mart	History of compensation payments by claim

The data was then organized through a series of database queries to create summarized tables of new entrants, compensation payments, medical payments, and claims filed by living employees. These summarized tables are checked against the EEOICP Program Statistics[1] and then brought into the EEOICPA liability model to begin the analysis.

[1] https://www.dol.gov/owcp/energy/regs/compliance/weeklystats.htm

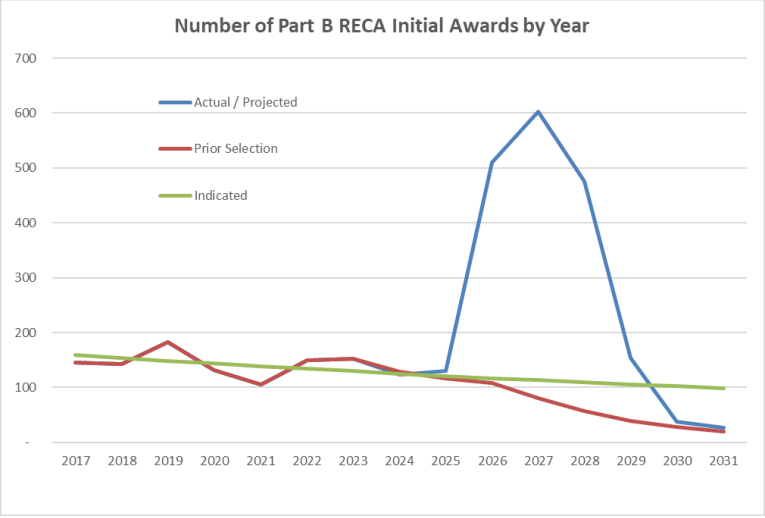
2: Estimate the Number of Future Initial Awards

To estimate the number of claimants that will receive their first award ("initial awards") in the future, the historical number of initial awards by quarter is determined in total for Part E and by governing disease for Part B. Part B is split out by governing disease because the compensation payment amounts are different by governing disease for Part B.

For Part B, an exponential decay model is then fit to the recent history, minimizing the sum of squared errors between the actual data and the fitted data, to determine the parameters with the best fit. Judgment is used to determine how many quarters of recent history should be incorporated into the fit model, and whether the decay parameters are applicable for recent history. For Part E, initial awards have been increasing recently, so significant actuarial judgment is required to estimate the timing and amount of future decreases in reporting.

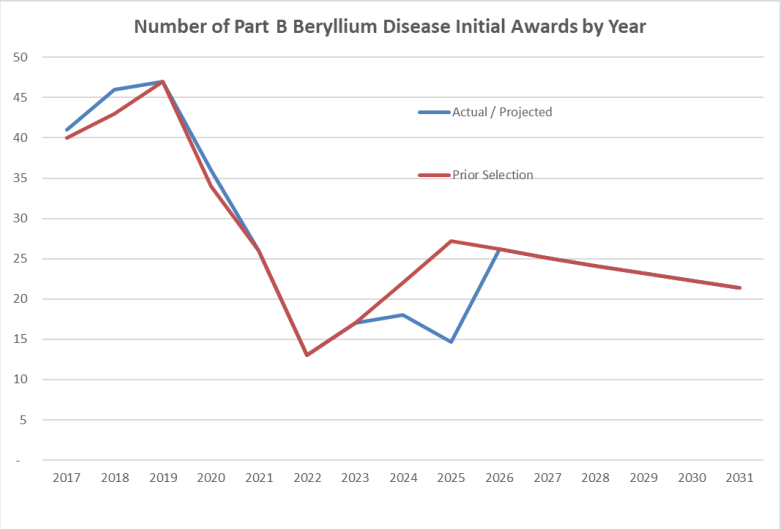
The exhibits on the following pages show a graph of the annual history of initial awards, the modeled fit line, as well as the assumed projections (current and prior). Significant actuarial judgment was used in making these projections. Hence the projection will not always coincide with the modeled fit line.

Part B: RECA Section 5



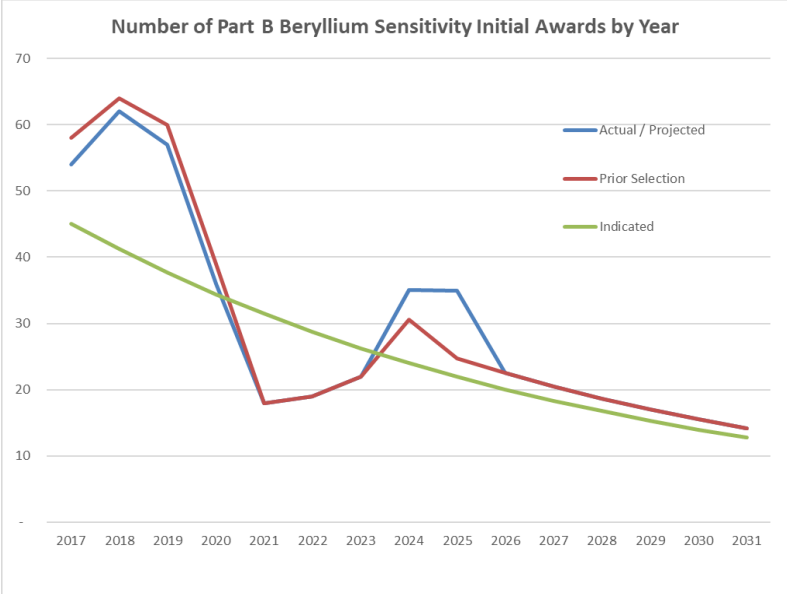
The One Big Beautiful Bill Act amended RECA to extend the claim filing deadline to 12/31/2027, and to expand eligibility to qualified individuals who were exposed through 1990. The estimated number of future Part B RECA initial awards have been increased since last year's analysis.

Part B: Beryllium Disease



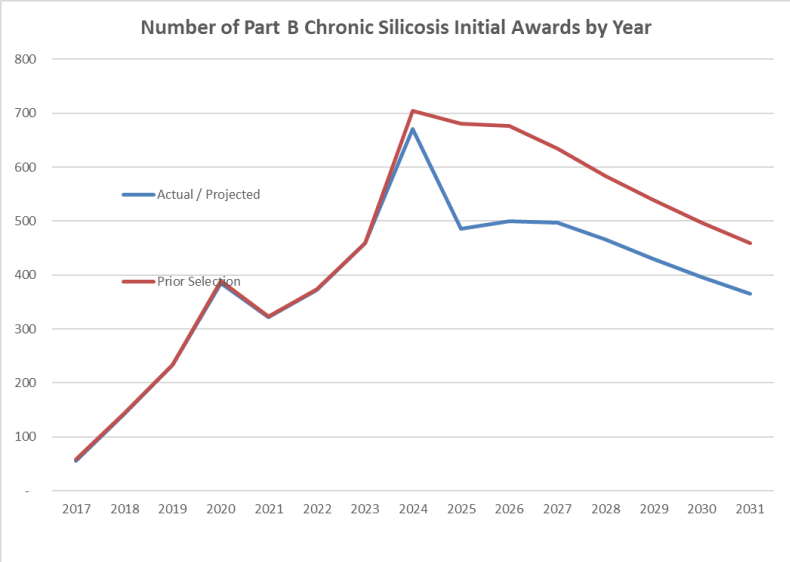
The future projections are unchanged from last year's analysis.

Part B: Beryllium Sensitivity



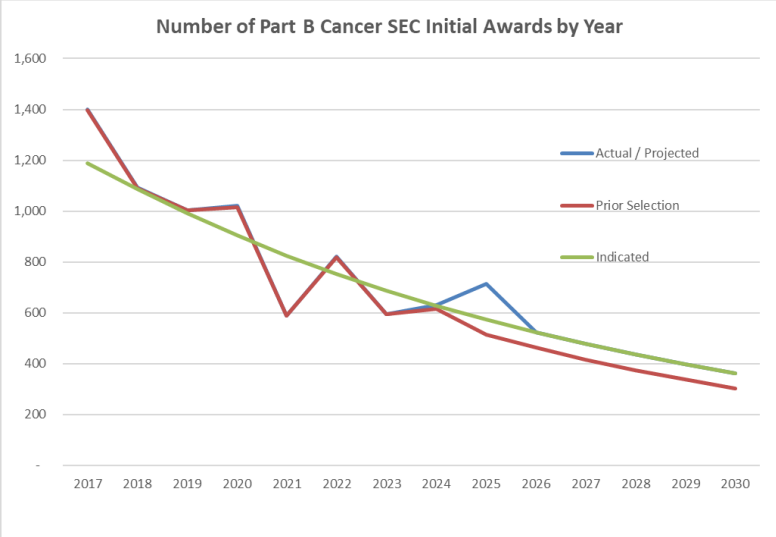
The future projections are unchanged from last year's analysis.

Part B: Chronic Silicosis



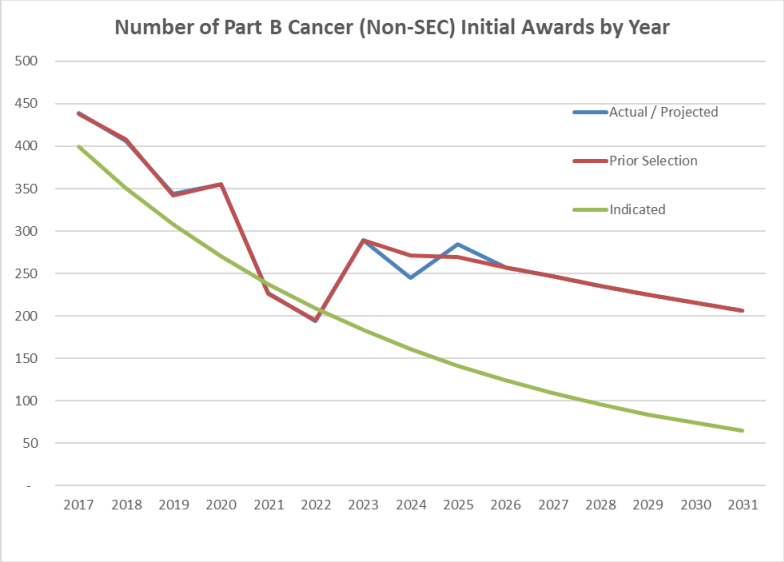
Due to the recent increase in initial awards, a curve was not fit to the historical data for Part B Chronic Silicosis. Instead, 125 new initial awards per quarter are projected for the next eight quarters, with a 2% quarterly decay going forward at that point.

Part B: Cancer SEC



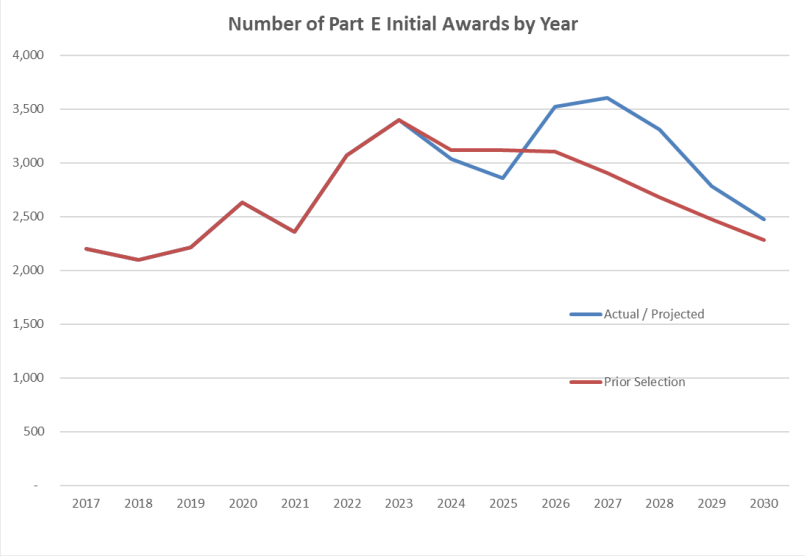
The liability model does not explicitly assume any future new SEC class designations.

Part B: Cancer Non-SEC



The future projections are unchanged from last year's analysis.

Part E



The estimated number of future Part E initial awards has been increased since last year's analysis to reflect RECA amendments in the One Big Beautiful Bill Act.

TABLE 6
PROJECTED NUMBER OF INITIAL AWARDS BY YEAR

Projected Number of Initial Awards								
	Part B							
Fiscal Yr	RECA5	BD	BS	CS	CN SEC	CN Non SEC	Part B Total	Part E
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Prior	6,774	2,747	819	141	12,672	7,408	30,561	26,307
2011	265	118	68	21	2,807	767	4,046	2,904
2012	285	98	53	14	2,573	742	3,765	2,956
2013	279	63	41	2	2,789	573	3,747	3,243
2014	214	56	35	3	1,816	440	2,564	2,300
2015	208	50	46	12	1,380	394	2,090	1,803
2016	163	42	54	22	1,323	472	2,076	1,822
2017	146	41	54	56	1,401	439	2,137	2,202
2018	143	46	62	143	1,092	406	1,892	2,096
2019	183	47	57	233	1,003	344	1,867	2,212
2020	132	36	36	385	1,021	355	1,965	2,632
2021	106	26	18	322	588	227	1,287	2,356
2022	150	13	19	372	822	194	1,570	3,068
2023	152	17	22	459	595	289	1,534	3,399
2024	124	18	35	671	631	245	1,724	3,036
2025 (est)	131	15	35	486	712	284	1,663	2,859
Through 2025 (est)							64,488	65,195

Notes:

1. The classification of governing disease can slightly change from previous years reporting if the claimant receives an award for additional conditions, but the overall total headcount will not be impacted by the reclassification.
2. The totals for Part B and Part E cannot be summed together to obtain the total number of claimants, since many claimants receive awards for both Part B and Part E.
3. The initial awards for the last quarter of fiscal year 2025 are projected values, as this report is produced prior to the end of the fiscal year.

TABLE 6 (Continued)
PROJECTED NUMBER OF INITIAL AWARDS BY YEAR

	Projected Number of Initial Awards							
	Part B							
Fiscal Yr	RECA5	BD	BS	CS	CN SEC	CN Non SEC	Part B Total	Part E
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
2026	510	26	22	500	522	257	1,839	3,520
2027	602	25	20	498	477	246	1,869	3,604
2028	476	24	19	466	435	236	1,656	3,308
2029	153	23	17	430	397	225	1,246	2,782
2030	37	22	15	396	362	216	1,050	2,474
2031	26	21	14	366	331	206	964	2,282
2032	18	21	13	337	302	197	888	2,105
2033	13	20	12	311	275	189	820	1,941
2034	9	19	11	287	251	181	758	1,791
2035	6	18	10	265	229	173	701	1,652
2036	4	17	9	244	209	165	650	1,523
2037	3	17	8	225	191	158	602	1,405
2038	2	16	7	208	174	151	559	1,296
2039	2	16	7	192	159	145	519	1,195
2040	1	15	6	177	145	139	483	1,103
2041	-	14	6	163	133	133	448	1,017
2042	-	14	5	150	121	127	417	938
2043	-	13	5	139	110	121	388	865
2044	-	13	4	128	101	116	362	798
2045	-	12	4	118	92	111	337	736
2046	-	12	3	109	84	106	314	679
2047	-	11	3	100	77	102	293	626
2048	-	11	3	93	70	97	273	578
2049	-	10	3	85	64	93	255	533
2050	-	10	2	79	58	89	238	491
2051	-	10	2	73	53	85	223	453
2052	-	9	2	67	48	82	208	418
2053	-	9	2	62	44	78	195	386
2054	-	8	2	57	40	75	182	356
2055	-	8	2	53	37	71	170	328
2056	-	-	-	-	-	-	-	-

3: Estimate the average compensation payment per case

Part B Compensation

For Part B, the compensation benefit is paid out as a lump sum. The amount of the payment varies by governing disease as follows:

RECA Section 5 (DOL payment)	$50,000
RECA Section 5 (DOJ payment)	$100,000
Beryllium Disease, Cancer, Chronic Silicosis	$150,000
Beryllium Sensitivity (Part B)	$0

Under Part B, Beryllium Sensitivity cases are approved for medical benefits only. They do not receive compensation benefit payments. If the condition develops into Beryllium Disease, the case would then be eligible for compensation benefit payments.

Part E Compensation

Part E cases are eligible for wage loss benefits, impairment benefits and survivor benefits subject to a maximum payment of $250,000 total compensation for the employee and survivor combined.

For Part E, historically less than 30% of the ultimate compensation benefits are paid within one fiscal year of approval. This is due to the nature of the benefit payments. Employee claimants can file for additional wage or impairment payments subsequent to the initial case award, and the survivors of the employee may be eligible to receive benefit payments years after the initial case award.

Because of the development of payments over time, a standard triangle development approach is employed where the compensation payments are organized into a triangle by initial award approval quarter and subsequent payment quarters. Historical relationships between quarters were then measured and projected forward to indicate ultimate payments by approval quarter.

For more detail on the triangle development analysis, see Appendix 3.

4: Payout patterns

Multiplying the number of cases from Step 2 times the average compensation benefit payment per case will determine the total amount of compensation benefit payment for new initial awards.

The next step is to estimate cash flow by fiscal year. To estimate the cash flow, it is necessary to know the timing of the benefit payments.

The historical data shows that nearly all of the Part B cases pay the full amount of the compensation benefit within the same fiscal year as the case approval.

Part B Compensation Payout Pattern

Year 1	100%

The compensation payment triangle analysis was used to estimate the payout pattern for Part E benefits:

Part E Compensation Payout Pattern

Year	% Paid
Year 1	23.9%
Year 2	28.7%
Year 3	7.3%
Year 4	6.7%
Year 5	5.0%
Year 6	3.9%
Year 7	3.5%
Year 8	2.8%
Year 9	2.5%
Year 10	2.5%
Year 11	2.5%
Year 12	2.3%
Year 13	2.1%
Year 14	1.0%
Years 15-25	0.5%

For more detail on the payment pattern analysis, please see Appendix 3.

5: Estimate the number of individuals eligible for medical benefits

The next step in the process is to estimate the future medical payments.

Only the cases in which an approved claim was filed by an employee are eligible for medical benefits. The pool of individuals eligible to receive medical benefits includes both existing and newly awarded cases that were filed by an employee (as long as the employee is still alive).

Historical ratios were used to select the percentage of future initial awards expected be filed by an employee (and thus eligible for medical benefits).

% of Initial Awards that were filed by an Employee

	RECA	BD	BS	CS	CN SEC	CN Non SEC	Part E
Prior	53%	64%	100%	77%	31%	44%	55%
2011	60%	70%	100%	67%	28%	61%	62%
2012	65%	67%	100%	71%	34%	59%	60%
2013	75%	68%	100%	100%	41%	61%	65%
2014	64%	79%	100%	100%	42%	69%	69%
2015	65%	78%	100%	75%	47%	65%	70%
2016	60%	69%	100%	86%	51%	63%	75%
2017	60%	80%	100%	89%	52%	66%	76%
2018	65%	80%	98%	93%	57%	71%	79%
2019	52%	68%	100%	95%	61%	73%	82%
2020	64%	81%	100%	94%	59%	82%	85%
2021	51%	77%	100%	94%	66%	83%	88%
2022	66%	100%	100%	91%	62%	81%	89%
2023	45%	76%	100%	94%	66%	88%	92%
2024	40%	72%	100%	95%	69%	89%	92%
Selected	**45%**	**75%**	**100%**	**94%**	**66%**	**85%**	**96%**

The selected ratios are then applied to the estimated number of initial awards in all future years, to estimate the number of individuals that will be eligible for medical benefits.

6: Remove double counting

Cases can be approved for Part B alone, Part E alone, or for both Part B and Part E. Cases approved for either Part are eligible to receive medical benefits. The number of claimants with initial awards is being projected separately by Part, so the total count of initial awards will count many, but not all, of the individuals twice (once for Part B and once for Part E). Historical ratios are used to determine how the initial awards need to be reduced in order to convert the number of initial awards to the number of individuals eligible for medical benefits.

Because the award decisions are made separately for each Part (for example, a case could receive approval for Part B and then months or years later receive approval for Part E), a reduction in the case count is made for the assumption that some of the initial awards by Part will have already been awarded for the other Part and thus are already included in the count of individuals eligible for medical benefits. It is assumed that 16% of claimants with Part B initial awards have already been approved for Part E, and that 0.3% of claimants with Part E initial awards have already been approved for Part B.

Additionally, some claimants will receive initial awards both Part B and Part E at the same time, or in the same fiscal year. A reduction must be made so that these two awards are not treated as two separate individuals eligible for medical benefits. Historically, approximately 78% of the employee-filed Part B initial awards are approved for Part E at the same time. It is assumed that this ratio will continue into the future.

Percent of Part B cases filed by an employee that had previously been accepted as Part E	
FY	**Percent**
2011	9.0%
2012	10.5%
2013	7.8%
2014	8.8%
2015	8.9%
2016	8.5%
2017	9.7%
2018	12.3%
2019	12.2%
2020	11.7%
2021	12.9%
2022	17.6%
2023	20.3%
2024	23.4%
Selected	**16.0%**

Percent of Part E cases filed by an employee that had previously been accepted as Part B	
FY	**Percent**
2011	1.4%
2012	1.5%
2013	0.8%
2014	0.7%
2015	0.8%
2016	0.8%
2017	0.5%
2018	0.7%
2019	0.4%
2020	0.3%
2021	0.5%
2022	0.3%
2023	0.1%
2024	0.1%
Selected	**0.3%**

Percent of Part B cases filed by an employee where Part E is approved in the same year	
FY	**Percent**
2011	69.1%
2012	73.3%
2013	81.0%
2014	77.9%
2015	78.7%
2016	78.3%
2017	77.8%
2018	76.9%
2019	80.2%
2020	81.7%
2021	80.1%
2022	79.5%
2023	75.1%
2024	73.4%
Selected	**78.0%**

To convert the employee-filed awards into the number of employee-filed awards eligible for medical benefits, the number of employee-filed Part B initial awards is reduced by 16%, the number of employee-filed Part E initial awards is reduced by 0.3% and then the number of employee-filed Part B initial awards is further reduced by 78% to estimate the total number of new individuals eligible for medical benefits by year.

7: Mortality

Because the EEOICPA program is not always notified when a participant is deceased, the number of individuals that are still alive and eligible for medical benefits must be estimated, using mortality assumptions. The mortality assumptions in the model are reviewed every three years. The 9/30/2025 liability estimate uses the Private Retirement Plans (Pri-2012) Male Disabled Retiree mortality table, published by the Society of Actuaries in October 2019.

For purposes of applying mortality rates, the model uses the average age of the employees at initial award, age 71.[2]

Average Age of Employee at Initial Award

Part B			Part E		
FY	Count	Avg Age at Award	FY	Count	Avg Age at Award
2015	1,136	72.8	2015	1,271	72.2
2016	1,176	73.7	2016	1,370	72.4
2017	1,255	73.2	2017	1,681	72.4
2018	1,246	72.2	2018	1,652	71.5
2019	1,285	72.5	2019	1,812	71.2
2020	1,419	71.9	2020	2,235	70.3
2021	982	71.3	2021	2,074	69.3
2022	1,150	71.8	2022	2,745	68.7
2023	1,190	71.0	2023	3,124	67.9
2024	1,399	68.2	2024	2,798	68.4
2025 (est)	1,041	70.5	2025 (est)	1,943	69.6
Average		71.8	Average		70.4

[2] The exception to this assumption is for employees for which the initial award date was more than 15 years ago. For these employees, the model uses a weighted average of the actual age at approval.

8: Estimate the Number of Individuals eligible for medical benefits

The total number of individuals eligible to receive medical benefits each year is then the number of individuals with prior initial awards, assumed to be still alive, plus the number of new initial awards (adjusted to remove double counting of cases with initial awards for both Parts) minus the number of expected deaths, as shown below:

ESTIMATED LIABILITY FOR EEOICPA
AS OF SEPTEMBER 30, 2025

ESTIMATED NUMBER OF INDIVIDUALS ELIGIBLE FOR MEDICAL EXPENSES

	New Cases Eligible for Medical Expenses							Remove double counting:					Total #	Average #
Fiscal Year	RECA5	BD	BS	CS	CN SEC	CN Non SEC	Part E	Part B already in	Part E already in	EB concurrent	Net new Individuals	Assumed # Deaths	Individuals Eligible	Individuals Eligible
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Prior	3,584	1,756	819	109	3,971	3,244	14,437	(312)	(3,736)	(6,549)	17,323	(3,078)	14,245	
2011	160	83	68	14	779	467	1,789	(142)	(25)	(1,086)	2,107	(851)	15,501	14,873
2012	184	66	53	10	876	440	1,773	(171)	(26)	(1,194)	2,011	(960)	16,552	16,026
2013	210	43	41	2	1,135	347	2,092	(138)	(16)	(1,440)	2,276	(1,081)	17,747	17,149
2014	138	44	35	3	766	305	1,579	(114)	(11)	(1,006)	1,739	(1,180)	18,306	18,027
2015	135	39	46	9	650	256	1,271	(101)	(10)	(893)	1,402	(1,262)	18,446	18,376
2016	98	29	54	19	674	297	1,370	(100)	(11)	(917)	1,513	(1,346)	18,613	18,529
2017	88	33	54	50	735	291	1,681	(121)	(9)	(973)	1,829	(1,440)	19,002	18,807
2018	93	37	61	133	622	290	1,652	(152)	(11)	(951)	1,774	(1,525)	19,251	19,127
2019	95	32	57	222	616	251	1,812	(155)	(7)	(1,021)	1,902	(1,609)	19,545	19,398
2020	84	29	36	362	606	291	2,235	(165)	(7)	(1,150)	2,321	(1,701)	20,164	19,854
2021	54	20	18	303	387	188	2,074	(125)	(10)	(777)	2,132	(1,777)	20,519	20,341
2022	99	13	19	340	506	157	2,745	(200)	(8)	(901)	2,770	(1,870)	21,418	20,969
2023	69	13	22	431	390	253	3,124	(239)	(4)	(885)	3,174	(1,971)	22,621	22,020
2024	50	13	35	638	435	217	2,798	(325)	(4)	(1,019)	2,838	(2,050)	23,409	23,015
2025 (est)	59	11	35	459	470	242	2,745	(204)	(7)	(995)	2,814	(2,120)	24,103	23,756

(2) to (8) = Number of initial awards * percent of cases filed by employee
(12) = Sum of (2) through (11)
(13) = Mortality tables applied to the average number of individuals eligible
(14) = (14) from previous year + (12) + (13)
(15) = Average of (14) from previous year and (14) from current year

ESTIMATED LIABILITY FOR EEOICPA
AS OF SEPTEMBER 30, 2025

ESTIMATED NUMBER OF INDIVIDUALS ELIGIBLE FOR MEDICAL EXPENSES

	New Cases Eligible for Medical Expenses							Remove double counting:					Total #	Average #
Fiscal Year	RECA5	BD	BS	CS	CN SEC	CN Non SEC	Part E	Part B already in	Part E already in	EB concurrent	Net new Individuals	Assumed # Deaths	Individuals Eligible	Individuals Eligible
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
2026	230	20	22	472	345	219	3,379	(209)	(8)	(1,020)	3,449	(2,210)	25,342	24,722
2027	271	19	20	470	315	209	3,460	(209)	(9)	(1,017)	3,530	(2,296)	26,576	25,959
2028	214	18	19	440	287	200	3,175	(189)	(8)	(919)	3,238	(2,362)	27,452	27,014
2029	69	17	17	406	262	192	2,671	(154)	(7)	(751)	2,722	(2,401)	27,773	27,612
2030	17	17	15	374	239	183	2,375	(135)	(6)	(660)	2,420	(2,425)	27,767	27,770
2031	12	16	14	345	218	175	2,190	(125)	(5)	(609)	2,232	(2,440)	27,560	27,663
2032	8	15	13	318	199	168	2,020	(116)	(5)	(563)	2,059	(2,447)	27,172	27,366
2033	6	15	12	294	182	161	1,864	(107)	(5)	(521)	1,899	(2,446)	26,625	26,898
2034	4	14	11	271	166	154	1,719	(99)	(4)	(483)	1,752	(2,437)	25,939	26,282
2035	3	14	10	250	151	147	1,585	(92)	(4)	(448)	1,616	(2,421)	25,134	25,537
2036	2	13	9	230	138	141	1,462	(85)	(4)	(416)	1,491	(2,395)	24,230	24,682
2037	1	13	8	213	126	135	1,349	(79)	(3)	(386)	1,375	(2,361)	23,244	23,737
2038	1	12	7	196	115	129	1,244	(74)	(3)	(359)	1,269	(2,317)	22,196	22,720
2039	1	12	7	181	105	123	1,148	(68)	(3)	(334)	1,170	(2,263)	21,104	21,650
2040	0	11	6	167	96	118	1,058	(64)	(3)	(311)	1,080	(2,201)	19,983	20,543
2041	-	11	6	154	87	113	976	(59)	(2)	(289)	996	(2,129)	18,849	19,416
2042	-	10	5	142	80	108	901	(55)	(2)	(269)	919	(2,050)	17,718	18,284
2043	-	10	5	131	73	103	831	(51)	(2)	(251)	848	(1,964)	16,601	17,160
2044	-	10	4	121	67	99	766	(48)	(2)	(234)	782	(1,873)	15,511	16,056
2045	-	9	4	111	61	94	707	(45)	(2)	(218)	722	(1,777)	14,455	14,983
2046	-	9	3	103	55	90	652	(42)	(2)	(203)	666	(1,679)	13,442	13,949
2047	-	8	3	95	51	86	601	(39)	(2)	(190)	614	(1,579)	12,477	12,960
2048	-	8	3	87	46	83	555	(36)	(1)	(177)	567	(1,480)	11,565	12,021
2049	-	8	3	81	42	79	511	(34)	(1)	(166)	523	(1,382)	10,706	11,135
2050	-	7	2	74	38	76	472	(32)	(1)	(155)	482	(1,287)	9,901	10,304
2051	-	7	2	69	35	72	435	(30)	(1)	(145)	445	(1,196)	9,151	9,526
2052	-	7	2	63	32	69	401	(28)	(1)	(135)	411	(1,109)	8,453	8,802
2053	-	7	2	58	29	66	370	(26)	(1)	(127)	379	(1,027)	7,805	8,129
2054	-	6	2	54	27	63	341	(24)	(1)	(118)	350	(950)	7,204	7,504
2055	-	6	2	50	24	61	315	(23)	(1)	(111)	323	(878)	6,649	6,926
2056	-	-	-	-	-	-	-	-	-	-	-	(799)	5,850	6,249
2057	-	-	-	-	-	-	-	-	-	-	-	(724)	5,125	5,488
2058	-	-	-	-	-	-	-	-	-	-	-	(655)	4,470	4,798
2059	-	-	-	-	-	-	-	-	-	-	-	(591)	3,879	4,175
2060	-	-	-	-	-	-	-	-	-	-	-	(531)	3,348	3,614
2061	-	-	-	-	-	-	-	-	-	-	-	(475)	2,873	3,111
2062	-	-	-	-	-	-	-	-	-	-	-	(424)	2,450	2,661
2063	-	-	-	-	-	-	-	-	-	-	-	(376)	2,074	2,262
2064	-	-	-	-	-	-	-	-	-	-	-	(331)	1,743	1,908
2065	-	-	-	-	-	-	-	-	-	-	-	(290)	1,452	1,597
2066	-	-	-	-	-	-	-	-	-	-	-	(253)	1,199	1,326
2067	-	-	-	-	-	-	-	-	-	-	-	(218)	981	1,090
2068	-	-	-	-	-	-	-	-	-	-	-	(187)	794	887
2069	-	-	-	-	-	-	-	-	-	-	-	(158)	636	715
2070	-	-	-	-	-	-	-	-	-	-	-	(133)	503	569
2071	-	-	-	-	-	-	-	-	-	-	-	(110)	393	448
2072	-	-	-	-	-	-	-	-	-	-	-	(90)	302	348
2073	-	-	-	-	-	-	-	-	-	-	-	(73)	230	266
2074	-	-	-	-	-	-	-	-	-	-	-	(58)	172	201
2075	-	-	-	-	-	-	-	-	-	-	-	(45)	127	150
2076	-	-	-	-	-	-	-	-	-	-	-	(35)	92	110
2077	-	-	-	-	-	-	-	-	-	-	-	(26)	66	79
2078	-	-	-	-	-	-	-	-	-	-	-	(19)	47	57
2079	-	-	-	-	-	-	-	-	-	-	-	(14)	33	40
2080	-	-	-	-	-	-	-	-	-	-	-	(10)	22	27
2081	-	-	-	-	-	-	-	-	-	-	-	(7)	15	19
2082	-	-	-	-	-	-	-	-	-	-	-	(5)	10	12
2083	-	-	-	-	-	-	-	-	-	-	-	(4)	6	8
2084	-	-	-	-	-	-	-	-	-	-	-	(2)	4	5
2085	-	-	-	-	-	-	-	-	-	-	-	(2)	2	3

(2)-(8) = Number of initial awards * percent of cases filed by employee

(12) = Sum of (2) through (11)

(13) = Mortality tables applied to the average number of individuals eligible

(14) = (14) from previous year + (12) + (13)

(15) = Average of (14) from previous year and (14) from current year

9: Estimate Average Medical Payments and Inflation Rates

The total medical payments each year are divided by the average number of eligible individuals to determine the average medical payment per eligible individual for each year.

Estimated Average Medical Payment in fiscal year 2025 $100,818

Medical inflation rates are then estimated for future years. The medical inflation includes year-over-year increases in the unit costs of medical goods and services, as well as increased utilization and changes in mix or intensity.

The average medical inflation rates for fiscal years 2025 to 2029 were estimated based on guidance from OWCP management regarding expected unit cost, utilization, and intensity increases in the short term. Estimated medical inflation rates for 2030 and later are based on long-term expectations for medical inflation.

Annual Medical Inflation

Fiscal year 2026	7.3%
Fiscal year 2027	6.7%
Fiscal year 2028	6.6%
Fiscal year 2029	6.6%
Fiscal year 2030	6.6%
Fiscal year 2031 and later	6.6%

10: Calculate the total expected Medical Payment by year

The total number of individuals eligible is multiplied by the average medical payment per eligible individual to determine the expected medical payments by fiscal year, as shown below.

FY	Average # Individuals Eligible (1)	Average Medical Payment per Eligible Individual (2)	Total Undiscounted Medical Payments (3)
2026	24,722	$ 108,178	$ 2,674,424,169
2027	25,959	115,426	2,996,338,932
2028	27,014	123,044	3,323,885,512
2029	27,612	131,165	3,621,753,527
2030	27,770	139,822	3,882,846,347
2031	27,663	149,050	4,123,238,724
2032	27,366	158,887	4,348,048,320
2033	26,898	169,374	4,555,856,935
2034	26,282	180,552	4,745,279,160
2035	25,537	192,469	4,915,045,483
2036	24,682	205,172	5,064,088,376
2037	23,737	218,713	5,191,625,699
2038	22,720	233,148	5,297,215,799
2039	21,650	248,536	5,380,789,034
2040	20,543	264,939	5,442,665,578
2041	19,416	282,425	5,483,549,952
2042	18,284	301,065	5,504,539,551
2043	17,160	320,936	5,507,109,667
2044	16,056	342,118	5,493,020,742
2045	14,983	364,697	5,464,218,321
2046	13,949	388,767	5,422,780,478
2047	12,960	414,426	5,370,863,648
2048	12,021	441,778	5,310,592,722
2049	11,135	470,935	5,243,930,205
2050	10,304	502,017	5,172,582,095
After 2050			69,075,290,372
Total future undiscounted			$ 188,611,579,349

11: Discount the cash flows to 9/30/2025

The projected cash flows by fiscal year for 2026 through 2085 are then discounted back to 9/30/2025.

The discount rates for compensation and medical payments are determined based on the duration of the liabilities. The rate used for discounting corresponds to the point on the Treasury yield curve for that duration. The Treasury curve being used is based on a five-year averaging of the U.S. Department of Treasury's Yield Curve for Treasury Nominal Coupon Issues from 7/1/2020 through 6/30/2025.

Discount rate for compensation payments	3.020%
Discount rate for medical payments	3.541%

Appendix 1: Hindsight Opinion

The hindsight opinion adjusts the current liability estimate to be consistent with the liability estimate as of 9/30/2025, removing periods that were not contemplated at that time, and adding back payments made between the previous date and the current date. This is a more valid indication of revisions in the liability estimate than comparing the year-over-year amounts.

The current hindsight estimate of liability as of 9/30/2024 is $105.6 billion, compared with a liability estimate of $84.3 billion in the 9/30/2024 actuarial report. This increase is mainly driven by ongoing increases in home health care payments in 2025 and increased future medical inflation. This increase is in line with what was expected based on the analysis shown in the Reconciliation of Change presented in Table 3.

Calculation of 9/30/2024 Hindsight Liability Opinion
($billions)

Current Estimated Liability as of 9/30/2025	$	107.3
Minus liability for additional exposure from 10/1/2024-9/30/2025		(1.1)
Plus payments in FY 2025 (excluding payment for current exposures)		3.1
Discount back to 9/30/2024		(3.7)
Hindsight Liability Estimate as of 9/30/2024		105.6
Liability Estimate as of 9/30/2024	$	84.3
Change in liability estimate: dollars		21.3
Change in liability estimate: percent		25.3%

To arrive at the hindsight estimate, the liability for additional exposure was estimated at 1% of the total liability. The total estimate is not calculated at the employment year level.

Appendix 2: Summary of EEOICPA Model Assumptions

3 The duration, as used in this context, is the nominal-weighted average payout of benefits, in years. The duration is used to determine the appropriate discount rate at which to discount the cash flows.

	as of 9/30/2025	as of 9/30/2024
Compensation Benefit Amounts		
RECA Section 5 Benefit (DOL payment)	50,000	50,000
RECA Section 5 Benefit (DOJ payment)	100,000	100,000
Part B Benefit	150,000	150,000
Part B Annual Benefit Inflation	0.0%	0.0%
Part E Compensation Payment:		
Ultimate average payment (minimum)	120,000	120,000
Ultimate average payment (maximum)	192,000	192,000
Discount Rates		
Discount Factor for Compensation	3.020%	2.465%
Discount Factor for Medical	3.541%	2.939%
Discount Period	60 Future Years 2026 - 2085	60 Future Years 2025 - 2084
Duration (years) [3]		
Average Compensation Duration	11.6	11.9
Average Medical Duration	21.4	19.9
Medical Inflation Rates (Annual)		
Fiscal Year 2026	7.3%	5.9%
Fiscal Year 2027	6.7%	5.9%
Fiscal Year 2028	6.6%	5.8%
Fiscal Year 2029	6.6%	5.8%
Fiscal Year 2030	6.6%	5.0%
Fiscal Year 2031 and later	6.6%	5.0%
Mortality		
Mortality Table	PRI-2012 Male Disabled Retiree	PRI-2012 Male Disabled Retiree
Projection Scale	No projection	No projection
New Cases (Initial awards)		
Eligible for medical benefits if filed by employee	100%	100%
Average Age for new initial award	71	71

	as of 9/30/2025	as of 9/30/2024
Percent of initial awards filed by employee		
RECA (Part B)	45%	45%
BD (Part B)	75%	75%
BS (Part B)	100%	100%
CS (Part B)	94%	94%
CN SEC (Part B)	66%	66%
CN Non SEC (Part B)	85%	85%
Part E	96%	96%
Probability that the newly-approved case is already eligible for medical benefits		
Part B	16.0%	16.0%
Part E	0.25%	0.25%
Part B cases where Part E approved same year	78.0%	78.0%
Annual Decay in initial awards (excluding RECA expansion)		
RECA (Part B)	5.5% for 2 yrs then 30%	5.5% all yrs then 30%
BD (Part B)	3.9%	3.9%
BS (Part B)	8.9%	8.9%
CS (Part B)	Flat 2 yrs, then 7.8% decay	Flat 2 yrs, then 7.8% decay
CN SEC (Part B)	8.7%	10.1%
CN Non SEC (Part B)	4.3%	4.3%
Part E	Flat 2 yrs, then 7.8% decay	Flat 2 yrs, then 7.8% decay
Payment Pattern: Part B Compensation		
Year	% Paid	% Paid
Year 1	100%	100%
Payment Pattern: Part E Compensation		
Year	% Paid	% Paid
Year 1	23.9%	24.8%
Year 2	28.7%	27.5%
Year 3	7.3%	6.9%
Year 4	6.7%	6.7%
Year 5	5.0%	4.8%
Year 6	3.9%	3.8%
Year 7	3.5%	3.3%
Year 8	2.8%	3.1%
Year 9	2.5%	2.7%
Year 10	2.5%	2.6%
Year 11	2.5%	2.4%
Year 12	2.3%	2.2%
Year 13	2.1%	2.4%
Year 14	1.0%	1.4%
Year 15-25	0.5%	0.5%
Prior Year Cohort		
Average Age at Award	70	70

Appendix 3: Part E Compensation Payments

A triangle approach is employed to estimate the Part E compensation payout patterns. The compensation payments are organized into a paid triangle by initial award quarter and payment quarter. Historical relationships between quarters were then measured and projected forward to estimate the ultimate payments by initial award quarter.

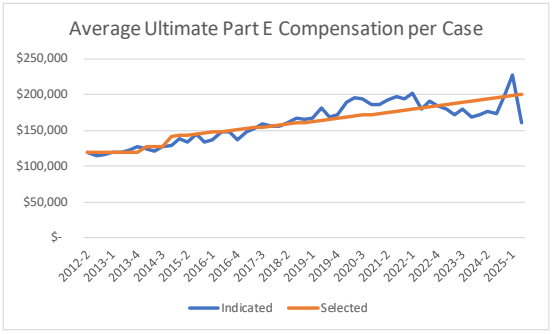
The exhibits in the following pages show the triangle of payment amounts, the age-to-age factors and the selection of ultimate payments.

Loss Development Factor (LDF) Method

The LDF method applies a loss development factor to paid cases by period (in this case, initial award quarter) to arrive at an estimate of the ultimate losses incurred in that period. The loss development factor varies by the maturity of the period. Loss development factors are selected based on review of historical development and actuarial judgment to consider items such as credibility of observed data and changing patterns within the aggregated data.

Part E Compensation Payments
Summary of Results

Cal Qtr of Initial Award	Current Paid	Paid LDF	Indicated Ultimate Payments	Ultimate Count	Indicated Ultimate Average Payment	Selected Ultimate Average Payment
2012-2	$ 108,924,347	1.056	$ 115,024,110	963	$ 119,444	$ 120,000
2012-3	83,435,867	1.059	88,358,583	769	114,901	120,000
2012-4	95,066,264	1.066	101,340,637	865	117,157	120,000
2013-1	98,308,268	1.071	105,288,155	883	119,239	120,000
2013-2	93,335,155	1.075	100,335,291	839	119,589	120,000
2013-3	74,271,310	1.082	80,361,558	656	122,502	120,000
2013-4	68,728,819	1.088	74,776,956	589	126,956	120,000
2014-1	60,250,508	1.095	65,974,306	529	124,715	128,000
2014-2	73,510,420	1.103	81,081,993	673	120,478	128,000
2014-3	58,586,167	1.110	65,030,645	509	127,762	128,000
2014-4	55,753,833	1.116	62,221,278	482	129,090	141,555
2015-1	57,945,487	1.123	65,072,782	469	138,748	142,736
2015-2	51,847,083	1.131	58,639,051	438	133,879	143,928
2015-3	52,640,081	1.139	59,957,052	414	144,824	145,129
2015-4	52,781,546	1.148	60,593,215	455	133,172	146,340
2016-1	54,374,928	1.158	62,966,167	459	137,181	147,562
2016-2	55,597,256	1.166	64,826,400	439	147,668	148,794
2016-3	59,110,079	1.176	69,513,453	469	148,216	150,036
2016-4	63,631,227	1.183	75,275,742	551	136,617	151,288
2017-1	69,772,766	1.191	83,099,364	563	147,601	152,551
2017-2	69,421,933	1.200	83,306,319	545	152,856	153,824
2017-3	71,409,922	1.210	86,406,006	543	159,127	155,108
2017-4	70,076,370	1.220	85,493,171	546	156,581	156,403
2018-1	68,066,696	1.229	83,653,969	535	156,363	157,709
2018-2	66,721,902	1.239	82,668,437	513	161,147	159,025
2018-3	67,146,838	1.251	84,000,694	502	167,332	160,353
2018-4	66,492,061	1.262	83,912,980	507	165,509	161,691
2019-1	60,486,580	1.273	76,999,416	462	166,665	163,041
2019-2	86,574,563	1.287	111,421,463	613	181,764	164,402
2019-3	81,618,714	1.301	106,185,947	630	168,549	165,774
2019-4	88,958,039	1.318	117,246,695	684	171,413	167,158
2020-1	96,419,119	1.335	128,719,523	681	189,015	168,553
2020-2	98,483,521	1.353	133,248,204	678	196,531	169,960
2020-3	83,736,187	1.369	114,634,840	589	194,626	171,379
2020-4	76,336,523	1.388	105,955,094	567	186,870	172,809
2021-1	75,357,663	1.409	106,178,947	572	185,628	174,252
2021-2	76,430,287	1.429	109,218,880	565	193,308	175,706
2021-3	88,340,921	1.455	128,536,040	652	197,141	177,173
2021-4	83,783,897	1.484	124,335,303	642	193,669	178,652
2022-1	96,875,975	1.517	146,960,854	728	201,869	180,143
2022-2	97,008,473	1.559	151,236,210	837	180,688	181,647
2022-3	102,480,000	1.602	164,172,960	861	190,677	183,163
2022-4	94,712,500	1.650	156,275,625	843	185,380	184,692
2023-1	95,627,072	1.695	162,087,887	899	180,298	186,234
2023-2	86,472,667	1.740	150,462,440	875	171,957	187,788
2023-3	78,494,865	1.793	140,741,293	782	179,976	189,356
2023-4	73,898,125	1.859	137,376,614	810	169,601	190,936
2024-1	68,251,667	1.929	131,657,465	765	172,101	192,530
2024-2	66,248,928	2.039	135,081,564	764	176,808	194,137
2024-3	53,915,000	2.237	120,607,855	697	173,039	195,758
2024-4	41,768,333	3.123	130,442,505	654	199,453	197,392
2025-1	22,122,500	7.487	165,631,158	730	226,892	199,039
2025-2	6,155,000	18.102	111,417,810	695	160,313	200,701



Part E Compensation

Cumulative Payments by Initial Award Quarter

Initial Award Quarter	1	2	3	4	5	6	7	8	9	10
20122	34,940,761	49,547,664	56,652,483	60,745,251	64,582,946	66,665,446	68,632,849	69,761,183	70,817,103	71,807,103
20123	23,167,472	34,108,254	42,162,981	46,480,736	48,459,864	50,827,364	51,795,768	52,675,768	54,066,435	54,683,935
20124	21,110,000	36,045,000	45,266,937	51,672,340	55,657,479	58,119,384	59,260,217	60,275,217	61,770,217	63,932,717
20131	27,144,159	40,356,481	48,992,365	54,594,664	58,035,498	59,547,998	60,785,498	62,050,498	63,896,748	65,441,748
20132	25,768,833	34,871,290	45,108,051	50,764,064	53,794,514	56,264,514	56,962,014	58,054,514	58,927,302	59,669,802
20133	15,134,167	22,265,217	29,797,828	33,761,043	37,150,482	39,174,170	41,589,420	42,865,284	44,457,420	45,222,420
20134	13,450,000	21,484,834	28,824,423	34,380,811	36,644,477	38,953,735	40,564,734	41,639,834	42,335,251	42,825,251
20141	11,230,016	19,599,253	27,915,885	31,901,743	34,229,243	35,052,993	35,852,993	36,465,926	37,057,176	38,033,426
20142	17,404,402	27,116,306	34,372,627	38,455,127	42,250,886	43,983,386	45,434,402	46,046,902	46,969,402	48,050,652
20143	14,052,500	21,043,080	27,139,532	30,305,859	32,677,987	34,554,653	35,612,153	36,369,653	36,759,186	37,246,249
20144	13,659,968	20,711,122	26,680,651	29,134,064	31,629,586	33,478,776	34,681,276	35,543,776	36,234,326	37,221,826
20151	12,524,645	20,189,006	25,241,643	30,355,135	31,825,135	33,167,635	34,585,135	35,487,635	36,092,635	37,220,135
20152	13,043,750	19,757,500	25,716,195	28,764,623	30,545,873	31,931,065	33,633,624	34,219,874	35,577,708	36,567,708
20153	12,774,544	18,457,044	23,451,338	27,636,407	29,861,195	31,033,695	32,106,695	32,651,695	33,021,695	33,734,195
20154	10,412,500	17,463,540	24,260,779	28,400,714	30,968,214	33,005,714	34,130,714	35,008,214	36,240,744	37,028,244
20161	13,225,000	19,137,500	24,776,921	29,247,285	31,647,285	33,109,785	34,913,435	37,008,435	37,855,935	38,120,935
20162	10,932,500	19,001,272	25,584,678	30,798,906	32,946,225	34,493,725	35,348,725	35,754,975	37,034,975	38,074,975
20163	10,050,000	19,173,750	26,609,762	31,795,125	34,300,125	37,187,625	38,607,921	39,902,088	40,992,088	41,975,838
20164	14,800,000	23,947,322	34,411,081	38,593,581	41,565,094	43,520,094	44,870,094	46,027,594	46,655,094	47,420,094
20171	13,945,000	24,438,511	34,195,192	40,740,661	44,228,161	46,073,161	47,763,161	48,930,661	49,598,161	50,973,161
20172	10,715,000	21,922,348	31,015,218	37,888,512	40,591,012	42,498,512	43,416,012	44,176,012	45,756,012	47,285,512
20173	10,873,333	21,142,724	33,359,307	39,999,457	43,072,790	45,645,290	48,829,457	50,086,957	50,816,957	51,559,457
20174	12,340,197	23,785,349	37,479,107	42,090,012	45,696,543	47,040,476	48,587,976	49,670,476	51,157,976	52,502,351
20181	12,067,500	21,547,154	35,802,967	41,151,207	44,271,207	47,079,212	48,136,696	49,204,196	50,259,196	51,736,696
20182	9,512,500	19,927,500	31,167,500	38,465,000	42,494,402	43,942,319	45,173,152	46,865,652	47,850,652	49,048,152
20183	9,999,718	18,176,381	32,616,625	40,147,835	43,342,997	45,795,497	46,989,247	47,784,247	48,837,581	49,736,038
20184	8,918,750	16,407,500	32,523,278	39,718,278	42,878,695	45,407,445	47,668,695	49,402,466	50,282,398	51,382,398
20191	8,127,500	15,682,500	27,361,633	33,449,133	36,079,133	38,710,830	39,668,330	41,573,330	43,290,830	44,345,830
20192	10,303,001	24,185,449	40,419,040	48,657,768	52,031,680	54,381,680	56,505,813	58,943,313	60,812,063	62,494,563
20193	10,730,000	23,837,042	39,973,350	48,052,032	50,504,532	52,859,532	54,444,532	57,414,532	59,612,464	61,179,964
20194	11,402,500	24,682,500	44,455,987	52,921,789	56,939,289	59,394,289	61,281,789	63,556,789	65,804,289	67,319,289
20201	8,553,750	26,140,003	44,258,291	55,826,056	63,621,056	67,588,636	70,391,136	72,326,863	75,241,863	76,702,869
20202	7,755,000	20,216,915	46,687,007	63,973,209	71,426,485	75,276,009	77,694,771	79,562,271	81,282,271	82,777,271
20203	7,997,500	22,857,853	37,177,853	51,770,353	59,370,353	61,942,853	64,422,853	66,555,353	67,803,687	68,531,187
20204	5,429,167	18,371,667	39,039,644	47,977,144	51,402,144	53,534,644	55,594,644	57,927,144	59,609,644	61,567,144
20211	7,900,000	19,219,167	40,777,500	48,087,907	50,815,407	52,940,407	55,814,782	57,189,782	59,162,282	61,919,782
20212	6,356,764	20,904,264	41,954,705	51,114,705	55,075,287	57,355,287	58,840,287	61,372,787	62,967,787	64,285,287
20213	7,709,602	24,233,504	53,381,877	64,207,778	66,565,921	69,678,421	71,248,421	73,430,921	75,205,921	77,410,921
20214	7,829,167	21,894,167	48,476,813	59,431,313	63,256,313	66,121,313	68,158,813	70,436,313	72,617,563	74,170,063
20221	8,358,886	21,796,767	51,135,988	66,318,488	71,035,975	74,665,975	76,983,475	80,358,475	83,520,975	85,960,975
20222	11,212,500	24,337,500	50,347,500	67,587,450	73,034,950	77,259,950	80,049,950	83,712,450	86,285,973	88,155,973
20223	9,827,500	20,497,500	51,092,500	74,180,000	80,992,500	85,520,000	88,377,500	90,572,500	93,205,000	95,467,500
20224	7,075,000	18,490,000	44,920,000	67,395,000	75,085,000	80,010,000	83,555,000	86,775,000	89,180,000	91,810,000
20231	8,655,000	17,865,000	48,342,500	69,055,000	77,707,072	82,624,572	86,277,072	89,229,572	92,692,072	95,627,072
20232	9,317,500	18,923,929	45,113,929	65,971,429	71,876,429	76,677,679	80,087,667	83,385,167	86,472,667	
20233	7,142,500	14,602,910	41,496,238	61,854,988	68,688,536	72,389,865	75,649,865	78,494,865		
20234	7,023,125	18,415,625	46,925,625	61,568,125	67,068,125	70,788,125	73,898,125			
20241	7,767,500	18,643,333	41,840,833	56,117,500	63,375,833	68,251,667				
20242	7,232,500	20,052,500	38,965,000	56,920,000	66,248,928					
20243	5,735,000	14,437,500	37,445,000	53,915,000						
20244	8,200,000	19,243,333	41,768,333							
20251	6,612,500	22,122,500								
20252	6,155,000									

	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11
Average	2.093	1.759	1.234	1.084	1.051	1.035	1.029	1.026	1.023	1.025
Wtd Avg	1.915	1.695	1.244	1.086	1.051	1.035	1.030	1.027	1.024	1.025
20 Qtr	2.607	2.253	1.340	1.095	1.053	1.037	1.037	1.031	1.025	1.027
12 Qtr	2.418	2.397	1.396	1.097	1.057	1.038	1.037	1.031	1.026	1.027
Selected	2.418	2.397	1.396	1.097	1.057	1.038	1.037	1.031	1.026	1.027
Prior Selected	2.489	2.364	1.336	1.085	1.051	1.036	1.034	1.031	1.025	1.027
Age-to-Ultimate	18.102	7.487	3.123	2.237	2.039	1.929	1.859	1.793	1.740	1.695

Part E Compensation
Cumulative Payments by Initial Award Quarter

Initial Award Quarter	11	12	13	14	15	16	17	18	19	20
20122	72,617,790	74,250,290	75,847,790	77,220,290	78,417,541	79,802,541	80,506,291	81,890,932	83,129,997	84,879,997
20123	55,791,435	56,362,450	57,642,450	58,292,450	58,784,950	59,488,950	60,353,950	61,721,450	62,210,584	63,213,084
20124	64,817,717	66,812,539	67,775,039	68,806,102	70,088,432	71,332,182	72,378,432	73,510,932	74,600,932	75,633,432
20131	66,677,998	67,802,998	69,366,434	70,106,434	71,121,434	71,916,434	73,617,684	75,352,684	76,040,184	76,845,184
20132	61,602,302	62,809,662	63,819,662	65,599,662	66,762,162	67,624,662	69,084,662	70,146,266	71,746,347	72,448,847
20133	46,479,920	47,798,504	49,186,004	50,293,504	51,518,504	52,545,624	53,713,564	54,606,064	55,303,564	56,504,814
20134	44,196,501	45,042,751	46,367,713	47,031,463	48,486,463	49,141,463	49,967,532	50,792,404	51,419,904	51,957,404
20141	39,030,926	40,373,426	41,570,042	42,692,966	43,295,466	44,287,966	44,613,966	45,738,966	46,278,966	47,226,466
20142	48,690,652	50,510,652	51,730,652	52,505,652	53,958,152	54,850,652	55,290,652	55,998,152	56,813,270	57,735,770
20143	38,043,749	38,786,249	39,543,749	40,686,249	41,367,499	42,317,499	42,832,499	43,459,999	44,582,499	45,414,999
20144	38,166,826	39,031,826	39,829,326	41,309,326	42,116,826	42,551,826	43,081,826	44,191,826	44,806,826	45,646,826
20151	38,400,135	39,730,135	41,656,888	42,711,888	43,574,388	44,556,888	44,881,888	45,386,888	46,744,388	47,254,388
20152	37,065,208	38,020,208	39,165,208	39,731,458	39,848,958	40,595,208	41,272,708	41,770,208	42,010,208	42,532,708
20153	34,681,695	36,331,695	37,114,195	37,688,361	38,513,361	39,084,931	39,532,502	40,092,502	40,777,502	41,370,002
20154	37,895,744	38,440,744	39,258,524	40,366,024	41,173,524	41,528,809	41,958,809	42,708,809	43,779,046	44,489,046
20161	38,858,435	39,841,178	40,618,678	41,491,178	42,518,678	43,376,178	44,406,178	44,826,178	45,271,178	45,888,678
20162	39,199,975	40,354,975	41,714,934	42,669,599	43,684,599	44,417,256	44,839,756	45,309,756	46,677,256	47,572,256
20163	42,835,838	43,923,338	45,415,838	46,918,338	48,045,838	48,963,338	49,460,838	49,943,338	50,635,838	51,525,838
20164	48,200,094	49,389,835	50,459,835	51,134,835	51,987,335	52,809,835	53,642,335	54,079,835	54,653,585	56,166,085
20171	51,820,661	53,338,161	54,109,661	55,519,661	56,339,661	57,219,661	58,165,911	59,107,161	59,774,661	60,374,661
20172	48,297,512	49,995,012	51,722,512	52,402,512	53,575,895	54,453,395	55,135,895	56,395,895	57,268,499	58,892,249
20173	52,986,957	54,706,957	56,526,957	57,742,422	59,517,422	60,652,422	62,259,922	63,029,922	63,864,922	64,627,422
20174	53,477,351	54,518,710	56,066,210	57,231,210	58,559,960	59,879,960	60,489,960	61,129,960	62,004,320	62,809,320
20181	53,054,196	54,231,696	55,731,696	56,804,196	58,126,696	58,886,696	59,636,696	60,149,196	61,101,696	62,234,196
20182	50,555,652	52,483,152	54,020,652	55,585,652	56,463,152	57,543,152	58,568,152	59,220,652	59,830,652	60,643,152
20183	51,236,038	52,558,538	54,761,038	56,118,538	57,376,038	59,003,493	59,602,243	60,379,743	61,062,243	61,759,743
20184	52,477,398	54,188,311	55,803,311	56,915,811	57,973,311	59,285,811	59,943,311	60,563,311	61,705,811	62,955,811
20191	45,743,330	47,360,830	49,083,330	50,747,830	51,700,330	52,344,080	53,289,080	53,865,330	55,080,330	55,629,080
20192	64,602,063	66,518,730	69,116,230	71,158,730	73,426,230	75,051,230	77,084,563	78,124,563	79,163,313	80,188,313
20193	62,842,464	64,322,464	66,227,464	69,489,964	71,562,464	73,149,964	74,087,464	75,432,464	76,377,464	77,512,464
20194	68,670,539	71,078,039	73,705,539	75,525,539	77,068,039	78,455,539	79,780,539	81,328,039	83,020,539	84,365,539
20201	78,587,869	81,471,619	83,729,119	85,509,119	87,264,119	89,176,619	90,976,619	92,199,119	92,779,119	93,974,119
20202	84,227,271	86,592,271	88,534,771	90,164,771	91,597,271	93,554,771	95,039,771	95,882,271	96,799,771	97,648,521
20203	70,611,187	72,106,187	73,681,187	75,638,687	76,943,687	78,223,687	79,823,687	80,478,687	82,123,687	83,736,187
20204	63,574,644	65,859,644	67,669,644	69,654,644	70,982,144	72,242,144	73,357,144	74,744,644	76,336,523	
20211	63,605,163	65,297,663	67,305,163	69,020,163	70,800,163	72,377,663	73,865,163	75,357,663		
20212	66,057,787	67,732,787	69,902,787	71,515,287	72,945,287	74,300,287	76,430,287			
20213	79,265,921	81,390,921	82,818,421	84,468,421	86,475,921	88,340,921				
20214	75,835,063	78,125,897	79,521,397	81,521,397	83,783,897					
20221	88,148,475	90,227,225	92,897,225	96,875,975						
20222	90,843,473	93,750,973	97,008,473							
20223	98,510,000	102,480,000								
20224	94,712,500									
20231										
20232										
20233										
20234										
20241										
20242										
20243										
20244										
20251										
20252										

	11 to 12	12 to 13	13 to 14	14 to 15	15 to 16	16 to 17	17 to 18	18 to 19	19 to 20	20 to 21
Average	1.028	1.027	1.024	1.021	1.018	1.016	1.015	1.015	1.016	1.013
Wtd Avg	1.028	1.027	1.024	1.021	1.018	1.016	1.015	1.015	1.015	1.013
20 Qtr	1.029	1.030	1.026	1.022	1.019	1.017	1.013	1.015	1.016	1.013
12 Qtr	1.030	1.027	1.028	1.023	1.020	1.018	1.014	1.015	1.014	1.011
Selected	1.030	1.027	1.028	1.023	1.020	1.018	1.014	1.015	1.014	1.011
Prior Selected	1.030	1.031	1.028	1.021	1.020	1.017	1.014	1.015	1.016	1.013
Age-to-Ultimate	1.650	1.602	1.559	1.517	1.484	1.455	1.429	1.409	1.388	1.382

Part E Compensation

Cumulative Payments by Initial Award Quarter

Initial Award Quarter	21	22	23	24	25	26	27	28	29	30
20122	85,499,997	85,842,497	87,553,747	87,871,247	88,871,247	89,308,747	90,766,247	91,318,747	92,302,497	93,672,497
20123	63,943,084	64,325,584	64,917,708	65,762,708	66,757,708	67,037,708	67,750,208	68,542,683	69,255,183	69,724,655
20124	76,413,432	77,639,212	78,474,212	79,434,212	80,284,212	80,814,212	81,483,764	82,028,764	82,438,764	83,418,764
20131	77,700,184	78,972,302	79,862,302	80,940,079	82,359,517	83,132,017	83,859,517	84,261,017	85,053,517	86,063,517
20132	74,178,698	74,743,698	75,753,698	76,233,698	77,458,904	78,483,904	79,231,404	80,381,404	81,371,404	81,916,404
20133	57,479,814	58,816,448	60,435,596	61,224,479	61,734,479	62,164,479	62,769,479	63,384,479	63,596,979	64,323,229
20134	52,634,904	53,759,904	54,434,516	55,429,441	56,215,780	56,855,780	57,168,280	58,153,280	58,305,780	58,630,780
20141	47,751,466	48,675,441	49,217,941	49,642,941	50,517,941	51,095,441	51,552,941	52,085,441	52,407,941	53,047,941
20142	58,775,770	59,978,270	60,535,770	61,350,770	61,810,770	62,558,270	62,803,270	63,678,270	64,453,270	65,345,420
20143	46,294,999	46,992,499	48,109,999	48,734,999	49,322,499	49,917,499	50,452,499	51,034,999	52,082,499	52,364,193
20144	46,151,826	46,724,326	46,984,326	47,238,804	48,248,804	48,723,804	49,371,304	49,748,804	50,018,804	50,348,833
20151	48,419,388	49,036,737	49,607,987	50,295,487	51,640,487	51,895,487	52,545,487	52,865,487	53,245,487	54,025,487
20152	43,087,708	43,605,208	44,493,958	45,021,458	45,526,458	46,007,458	46,834,958	47,672,458	48,237,458	48,652,458
20153	42,032,502	42,460,002	43,157,475	44,399,975	45,232,475	45,539,975	46,187,581	46,742,581	47,062,581	47,170,081
20154	45,681,546	46,284,046	46,476,546	46,879,046	47,202,796	47,612,796	48,104,046	48,969,046	49,316,546	49,669,046
20161	46,113,678	46,961,178	47,543,678	48,448,678	49,018,678	49,138,678	49,713,678	49,968,678	50,851,178	51,431,178
20162	48,394,756	48,694,756	49,109,756	49,287,256	49,904,756	50,297,256	51,032,256	51,614,756	52,022,256	52,597,256
20163	52,505,024	52,935,024	53,807,524	54,215,024	54,660,024	54,770,024	54,975,024	55,693,774	56,492,524	56,615,024
20164	56,806,227	57,326,227	57,943,727	59,003,727	59,231,227	59,731,227	60,641,227	60,948,727	61,603,727	61,963,727
20171	61,094,661	62,241,123	63,056,123	64,088,623	64,978,623	65,303,623	66,198,623	66,838,623	67,296,123	67,791,123
20172	59,414,749	60,179,749	61,129,749	62,164,499	62,976,999	64,629,499	65,336,999	65,781,999	66,706,999	67,754,433
20173	65,327,422	66,019,922	66,644,922	67,609,922	68,249,922	68,929,922	69,274,922	69,769,922	70,292,422	70,567,422
20174	63,409,320	64,391,820	64,876,820	65,234,320	66,104,320	67,226,820	67,734,320	68,146,820	68,787,620	69,512,620
20181	62,521,696	63,544,196	64,841,696	65,456,696	65,961,696	66,409,196	66,719,196	67,204,196	67,661,696	68,066,696
20182	61,630,652	62,400,652	62,943,152	63,463,152	64,164,402	65,139,402	65,466,902	66,279,402	66,721,902	
20183	62,274,743	63,167,243	63,761,213	64,706,213	65,304,338	66,014,338	66,696,838	67,146,838		
20184	63,403,311	63,998,311	64,558,311	65,418,311	65,685,811	66,067,061	66,492,061			
20191	56,114,080	56,854,080	58,169,080	58,939,080	59,851,580	60,486,580				
20192	81,668,313	82,748,313	83,543,313	84,862,063	86,574,563					
20193	78,743,714	79,631,214	80,671,214	81,618,714						
20194	85,730,539	87,263,039	88,958,039							
20201	95,389,119	96,419,119								
20202	98,483,521									
20203										
20204										
20211										
20212										
20213										
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	21 to 22	22 to 23	23 to 24	24 to 25	25 to 26	26 to 27	27 to 28	28 to 29	29 to 30	30 to 31
Average	1.013	1.013	1.012	1.013	1.009	1.010	1.010	1.009	1.009	1.009
Wtd Avg	1.013	1.013	1.012	1.013	1.009	1.010	1.010	1.009	1.009	1.009
20 Qtr	1.013	1.013	1.013	1.013	1.010	1.010	1.010	1.009	1.008	1.009
12 Qtr	1.013	1.013	1.013	1.011	1.010	1.009	1.009	1.010	1.008	1.008
Selected	1.013	1.013	1.013	1.011	1.010	1.009	1.009	1.010	1.008	1.008
Prior Selected	1.012	1.012	1.012	1.011	1.009	1.011	1.010	1.011	1.008	1.009
Age-to-Ultimate	1.353	1.335	1.318	1.301	1.287	1.273	1.262	1.251	1.239	1.229

Part E Compensation

Cumulative Payments by Initial Award Quarter

Initial Award Quarter	31	32	33	34	35	36	37	38	39	40
20122	94,604,997	95,402,497	96,353,497	96,895,997	97,728,497	98,508,497	99,410,997	100,078,497	100,860,997	101,318,497
20123	70,714,655	71,482,155	72,157,155	72,979,655	73,607,155	73,812,155	74,529,655	75,242,155	75,977,155	76,917,155
20124	83,991,264	84,853,764	85,168,764	85,551,264	86,338,764	86,948,764	87,826,264	88,733,764	89,108,764	89,418,764
20131	86,605,805	87,225,805	87,928,305	89,030,805	89,950,805	90,370,805	90,993,305	91,638,305	92,340,805	92,863,305
20132	82,513,904	83,196,404	83,908,904	84,751,405	85,368,905	85,741,405	86,266,405	86,558,905	87,166,405	87,948,905
20133	64,868,229	65,178,229	66,280,729	66,698,229	66,858,229	67,745,554	68,833,054	69,108,054	69,620,554	70,453,054
20134	59,778,280	60,280,780	60,746,007	61,583,507	61,846,007	62,543,096	63,213,096	63,825,596	64,540,440	65,201,264
20141	53,735,849	54,023,349	54,640,849	55,228,349	55,766,683	56,052,783	56,702,783	57,120,283	57,650,283	58,140,508
20142	66,257,920	66,825,420	67,712,920	68,067,920	68,395,420	68,755,420	69,547,920	69,995,420	70,557,920	71,105,420
20143	52,631,693	53,064,193	53,599,193	53,989,193	54,616,484	54,886,484	55,588,984	56,081,484	56,653,984	57,114,009
20144	50,776,333	51,308,833	51,871,333	52,493,833	53,067,583	53,346,333	53,686,333	53,901,333	54,173,833	54,608,833
20151	54,127,987	54,512,987	55,052,987	55,120,487	55,485,487	55,682,987	55,757,987	56,132,987	56,872,987	57,057,987
20152	49,057,458	49,574,583	49,832,083	50,012,083	50,589,583	50,667,083	50,827,083	51,294,583	51,437,083	51,537,083
20153	48,095,081	48,720,081	49,182,581	49,690,081	50,170,081	50,245,081	50,585,081	51,070,081	52,095,081	52,640,081
20154	50,106,546	50,559,046	51,031,546	51,664,046	51,904,046	52,109,046	52,301,546	52,576,546	52,781,546	
20161	51,748,678	52,214,928	52,382,428	52,734,928	53,007,428	53,449,928	53,834,928	54,374,928		
20162	53,089,756	53,367,256	53,777,256	54,594,756	54,609,756	55,207,256	55,597,256			
20163	57,002,524	57,260,024	58,049,502	58,314,502	58,562,002	59,110,079				
20164	62,263,727	62,508,727	62,893,727	63,483,727	63,631,227					
20171	68,246,123	68,858,623	69,407,766	69,772,766						
20172	68,261,933	68,851,933	69,421,933							
20173	70,836,172	71,409,922								
20174	70,076,370									
20181										
20182										
20183										
20184										
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	31 to 32	32 to 33	33 to 34	34 to 35	35 to 36	36 to 37	37 to 38	38 to 39	39 to 40	40 to 41
Average	1.008	1.009	1.008	1.007	1.006	1.008	1.007	1.009	1.008	1.008
Wtd Avg	1.008	1.009	1.008	1.007	1.006	1.008	1.007	1.008	1.007	1.008
20 Qtr	1.008	1.009	1.008	1.007	1.006	1.008	1.007	1.009	1.008	1.008
12 Qtr	1.008	1.009	1.008	1.007	1.006	1.008	1.007	1.009	1.007	1.008
Selected	1.008	1.009	1.008	1.007	1.006	1.008	1.007	1.009	1.007	1.008
Prior Selected	1.008	1.010	1.008	1.008	1.006	1.009	1.007	1.008	1.008	1.007
Age-to-Ultimate	1.220	1.210	1.200	1.191	1.183	1.176	1.166	1.158	1.148	1.139

Part E Compensation

Cumulative Payments by Initial Award Quarter

Initial Award Quarter	41	42	43	44	45	46	47	48	49	50
20122	102,216,077	103,086,077	103,573,577	104,093,577	104,771,268	105,426,268	105,758,768	106,401,268	107,345,597	107,795,597
20123	77,859,655	78,429,655	78,925,867	79,075,867	79,440,867	79,830,867	80,235,867	80,818,367	81,803,367	82,138,367
20124	89,951,264	90,571,264	91,508,764	91,913,764	92,443,764	93,033,764	93,551,264	94,143,764	94,463,764	94,731,264
20131	93,515,805	94,288,305	95,325,805	95,623,268	96,293,268	96,670,768	97,293,268	97,620,768	97,918,268	98,308,268
20132	88,473,905	89,173,905	90,043,905	90,513,905	90,923,905	91,793,905	92,456,405	92,795,155	93,335,155	
20133	71,148,054	71,358,054	71,598,054	72,095,554	72,756,310	73,326,310	73,928,810	74,271,310		
20134	65,456,264	65,981,264	66,613,685	66,983,685	67,358,819	67,856,319	68,728,819			
20141	58,658,008	58,815,508	59,045,508	59,280,508	59,508,008	60,250,508				
20142	71,285,420	72,007,920	72,280,420	72,922,920	73,510,420					
20143	57,558,667	57,903,667	58,196,167	58,586,167						
20144	55,273,833	55,403,833	55,753,833							
20151	57,630,487	57,945,487								
20152	51,847,083									
20153										
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	41 to 42	42 to 43	43 to 44	44 to 45	45 to 46	46 to 47	47 to 48	48 to 49	49 to 50	50 to 51
Average	1.006	1.007	1.005	1.006	1.007	1.007	1.005	1.007	1.004	1.005
Wtd Avg	1.007	1.007	1.005	1.006	1.007	1.007	1.005	1.007	1.004	1.004
20 Qtr	1.006	1.007	1.005	1.006	1.007	1.007	1.005	1.007	1.004	1.005
12 Qtr	1.006	1.007	1.005	1.006	1.007	1.007	1.005	1.007	1.004	1.005
Selected	1.006	1.007	1.005	1.006	1.007	1.007	1.005	1.007	1.004	1.005
Prior Selected	1.006	1.007	1.006	1.006	1.007	1.006	1.007	1.007	1.008	1.004
Age-to-Ultimate	1.131	1.123	1.116	1.110	1.103	1.095	1.088	1.082	1.075	1.071

Part E Compensation

Cumulative Payments by Initial Award Quarter

Initial Award Quarter	51	52	53	54
20122	108,030,597	108,635,597	108,924,347	
20123	82,813,367	83,435,867		
20124	95,066,264			
20131				
20132				
20133				
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	51 to 52	52 to 53	53 to 54	Tail Factor
Average	1.007	1.003		
Wtd Avg	1.006	1.003		
20 Qtr	1.007	1.003		
12 Qtr	1.007	1.003		
Selected	1.007	1.003	1.006	1.050
Prior Selected	1.005	1.007	1.006	1.050
Age-to-Ultimate	1.066	1.059	1.056	1.050

Appendix 4: Undiscounted Liability Estimate and Annual Projections

As of 9/30/2025, the **undiscounted** liability for future EEOICPA benefit payments is projected at $200.2 billion. The future compensation payments are projected at $11.6 billion, and the future medical payments are projected at $188.6 billion, on an undiscounted basis.

ESTIMATED LIABILITY FOR EEOICPA
AS OF SEPTEMBER 30, 2025

SUMMARY OF LIABILITY FOR FUTURE PAYMENTS
($ Billions)

	Undiscounted Estimate as of 9/30/2025
Compensation: Part B	$ 2.6
Compensation: Part E	9.0
Compensation: Total	11.6
Medical Payments	188.6
Total Future Payments	200.2

ESTIMATED LIABILITY FOR EEOICPA
AS OF SEPTEMBER 30, 2025

SUMMARY OF UNDISCOUNTED EEOICPA PAYMENTS BY YEAR

Fiscal Year	Compensation Part B Undiscounted Payments	Compensation Part E Undiscounted Payments	Compensation Total Undiscounted Payments	Medical Total Undiscounted Payments	Total Undiscounted Payments
(1)	(2)	(3)	(4)	(5)	(6)
2026	$ 221,414,214	$ 502,096,143	$ 723,510,357	$ 2,674,424,169	$ 3,397,934,526
2027	216,972,945	542,977,387	759,950,332	2,996,338,932	3,756,289,264
2028	197,936,915	548,757,671	746,694,585	3,323,885,512	4,070,580,098
2029	168,994,270	526,496,374	695,490,645	3,621,753,527	4,317,244,171
2030	151,385,494	495,182,475	646,567,969	3,882,846,347	4,529,414,316
2031	139,928,480	471,494,565	611,423,045	4,123,238,724	4,734,661,769
2032	129,478,436	450,926,147	580,404,583	4,348,048,320	4,928,452,903
2033	119,918,094	414,193,350	534,111,444	4,555,856,935	5,089,968,379
2034	111,150,747	393,062,735	504,213,482	4,745,279,160	5,249,492,642
2035	103,095,263	371,915,641	475,010,905	4,915,045,483	5,390,056,388
2036	95,682,502	349,619,619	445,302,121	5,064,088,376	5,509,390,497
2037	88,852,715	328,617,885	417,470,600	5,191,625,699	5,609,096,299
2038	82,553,644	308,502,418	391,056,062	5,297,215,799	5,688,271,861
2039	76,739,114	288,475,228	365,214,342	5,380,789,034	5,746,003,376
2040	71,367,983	268,741,134	340,109,116	5,442,665,578	5,782,774,694
2041	66,366,449	250,176,954	316,543,403	5,483,549,952	5,800,093,355
2042	61,786,055	233,133,541	294,919,596	5,504,539,551	5,799,459,147
2043	57,545,352	217,693,799	275,239,151	5,507,109,667	5,782,348,818
2044	53,617,900	203,215,566	256,833,465	5,493,020,742	5,749,854,208
2045	49,979,377	189,225,371	239,204,748	5,464,218,321	5,703,423,069
2046	46,607,413	176,305,677	222,913,090	5,422,780,478	5,645,693,569
2047	43,481,425	163,560,630	207,042,055	5,370,863,648	5,577,905,703
2048	40,582,472	151,556,735	192,139,207	5,310,592,722	5,502,731,929
2049	37,893,125	140,568,356	178,461,480	5,243,930,205	5,422,391,686
2050	35,397,338	130,383,510	165,780,848	5,172,582,095	5,338,362,943
After 2050 [4]	145,353,539	857,727,599	1,003,081,138	69,075,290,372	70,078,371,510
Total Future	$ 2,614,081,261	$ 8,974,606,507	$ 11,588,687,769	$ 188,611,579,349	$ 200,200,267,118

[4] Reflects projected cash flow through 2085

Totals may not equal sum of components because of independent rounding

ESTIMATED LIABILITY FOR EEOICPA
AS OF SEPTEMBER 30, 2025

SUMMARY OF DISCOUNTED EEOICPA PAYMENTS BY YEAR

Fiscal Year	**Compensation Part B** Discounted Payments	**Compensation Part E** Discounted Payments	**Compensation Total** Discounted Payments	**Medical Total** Discounted Payments	**Total** Discounted Payments
(1)	(2)	(3)	(4)	(5)	(6)
2026	$ 218,144,729	$ 494,682,005	$ 712,826,734	$ 2,628,295,012	$ 3,341,121,747
2027	207,502,467	519,277,404	726,779,871	2,843,952,933	3,570,732,804
2028	183,748,132	509,420,878	693,169,010	3,046,948,886	3,740,117,896
2029	152,281,298	474,427,632	626,708,930	3,206,458,688	3,833,167,618
2030	132,415,038	433,130,045	565,545,083	3,320,049,868	3,885,594,951
2031	118,805,793	400,320,831	519,126,625	3,405,026,741	3,924,153,366
2032	106,710,560	371,633,942	478,344,502	3,467,879,942	3,946,224,444
2033	95,934,127	331,353,475	427,287,602	3,509,355,903	3,936,643,505
2034	86,313,604	305,231,067	391,544,671	3,530,260,459	3,921,805,130
2035	77,711,274	280,343,029	358,054,303	3,531,507,783	3,889,562,086
2036	70,009,390	255,811,207	325,820,597	3,514,160,135	3,839,980,732
2037	63,106,331	233,396,007	296,502,338	3,479,455,528	3,775,957,866
2038	56,913,714	212,686,171	269,599,885	3,428,808,474	3,698,408,360
2039	51,354,194	193,049,046	244,403,240	3,363,792,293	3,608,195,533
2040	46,359,742	174,570,853	220,930,595	3,286,113,059	3,507,043,654
2041	41,847,028	157,747,812	199,594,841	3,197,571,763	3,397,166,604
2042	37,816,817	142,691,879	180,508,696	3,100,038,858	3,280,547,554
2043	34,188,749	129,335,876	163,524,625	2,995,418,522	3,158,943,148
2044	30,921,546	117,194,810	148,116,356	2,885,577,014	3,033,693,370
2045	27,978,260	105,927,623	133,905,883	2,772,280,173	2,906,186,056
2046	25,325,808	95,802,008	121,127,817	2,657,166,354	2,778,294,171
2047	22,934,567	86,271,142	109,205,708	2,541,724,602	2,650,930,310
2048	20,777,999	77,596,202	98,374,201	2,427,252,776	2,525,626,978
2049	18,832,332	69,860,428	88,692,760	2,314,816,441	2,403,509,201
2050	17,076,259	62,899,154	79,975,413	2,205,234,065	2,285,209,478
After 2050	64,444,096	350,559,571	415,003,667	22,009,127,039	22,424,130,706
Total Future	$ 2,009,453,854	$ 6,585,220,100	$ 8,594,673,954	$ 98,668,273,314	$ 107,262,947,267

Estimated Liability Including DOJ RECA Payments

The liability estimates within the main body of this report reflect the estimated future payments to be made by the Department of Labor under the EEOICPA.

Claimants that are awarded benefits by the Department of Justice (DOJ) under Section 5 of the Radiation Exposure Compensation Act (RECA) are also eligible to receive $100,000 in compensation from the Department of Justice. This payment is in addition to the $50,000 compensation benefit and medical benefits paid by the Department of Labor under EEOICPA Part B. With the 9/30/2024 report, the estimated future compensation amounts to be paid by the DOJ under RECA Section 5 are no longer being included in the main body of the EEOICPA report.

However, for purposes of reporting the total estimated liability for energy workers[5], the following table represents the liability estimate for future payments for both departments combined:

ESTIMATED LIABILITY
AS OF SEPTEMBER 30, 2025

SUMMARY OF DISCOUNTED FUTURE PAYMENTS
INCLUDING DOJ RECA SECTION 5

Fiscal Year	**Compensation Part B x DOJ** Discounted Payments	**Compensation Part E** Discounted Payments	**Compensation DOJ RECA Sec 5** Discounted Payments	**Compensation Total** Discounted Payments	**Medical Total** Discounted Payments	**Total** Discounted Payments
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total 2026-2085	$ 2,009,453,854	$ 6,585,220,100	$ 175,754,978	$ 8,770,428,932	$ 98,668,273,314	$ 107,438,702,245

[5] RECA Section 4 liability estimates are not included in the table above, as RECA Section 4 exposure is generally not employment related. RECA Section 4 claimants are individuals that were onsite for or downwind of atmospheric test detonation of a nuclear device in specific locations and timeframes.

Appendix 5: External Actuarial Review

LEPTON REPORT

Review of Estimate of EEOICPA Liability of Future Payments

Office of Workers' Compensation Programs

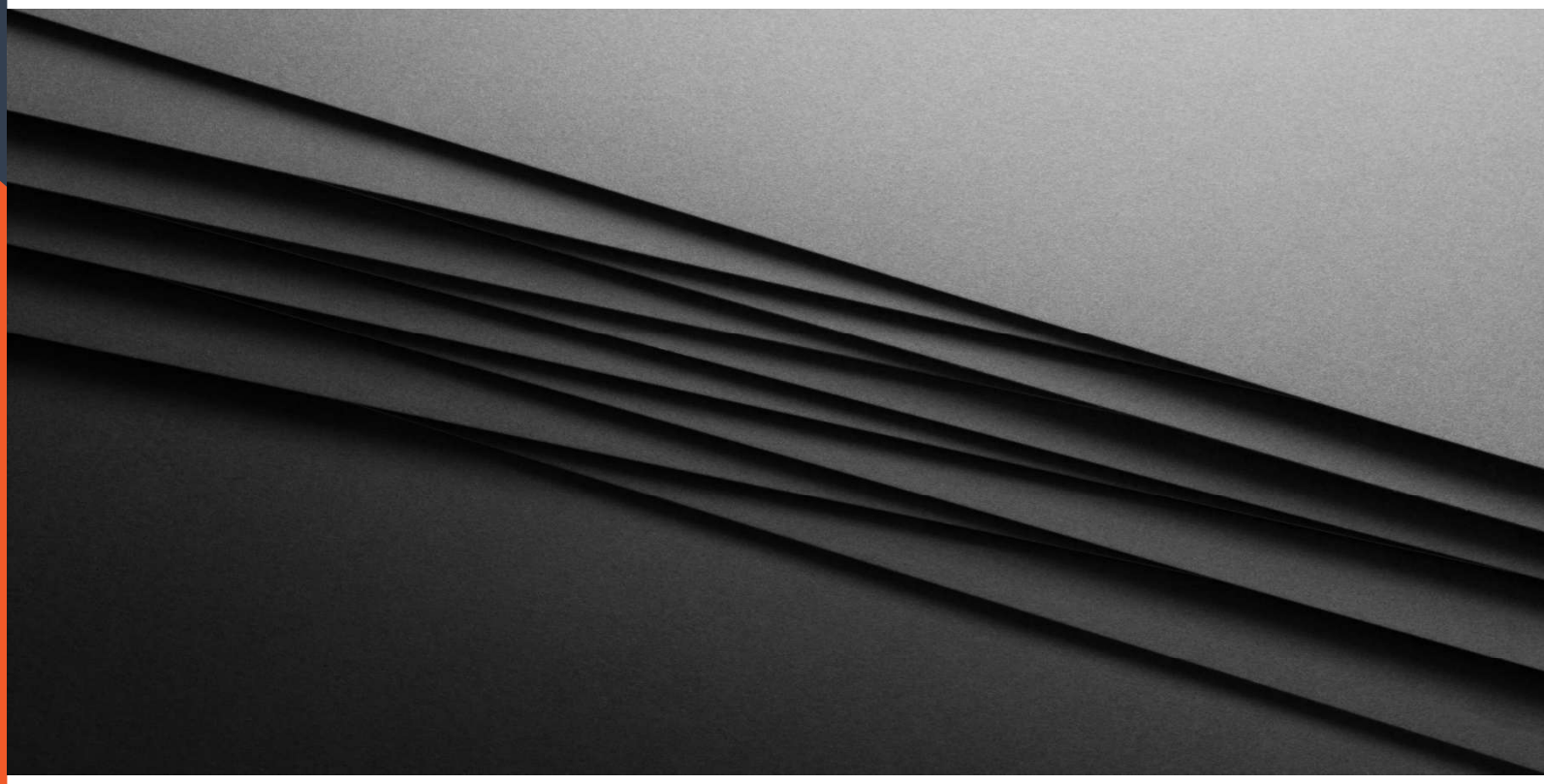
U.S. Department of Labor

Liability Estimate as of September 30, 2025

September 25, 2025

Cyprian Juma, FCAS, MAAA

Stephen L. Kolk, ACAS, MAAA



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Actuarial Valuation Opinion

This report presents the results of Lepton Actuarial & Consulting's actuarial review of September 30, 2025, estimate of future liability payments for Energy Employees Occupational Illness Compensation Program Act (EEOICPA) by the Office of Workers' Compensation Programs (OWCP).

All data and information, including claims data, financial information, and program descriptions have been provided by OWCP to be used as the basis of this review. Lepton Actuarial and Consulting ("Lepton") has analyzed the data and other information for reasonableness. We have no reason to believe that the data or other information provided is not complete and know of no further information that was essential to the review.

The undersigned with actuarial credentials collectively meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinions contained herein. We understand that OWCP may share the recommendations and conclusions with the auditors.

To the best of our knowledge, no real or perceived conflict of interest exists between OWCP and Lepton, which would impair the objectivity of the work detailed in this report.

Sincerely,

Cyprian Juma
Cyprian Juma (Sep 25, 2025 12:25:42 CDT)

Cyprian Juma, FCAS, MAAA

Consulting Actuary

Stephen L. Kolk
Stephen L. Kolk (Sep 25, 2025 13:16:37 EDT)

Stephen L. Kolk, ACAS, MAAA

Consulting Actuary

Executive Summary

Lepton Actuarial & Consulting, LLC ("the external actuary") was engaged by the OWCP to conduct a review of the actuarial liability model associated with the EEOICPA. The engagement's scope included evaluating the reasonableness of the model's inputs and assumptions, verifying the accuracy of the cash flow, and providing a range of reasonable liability estimates.

OWCP tasked the external actuary with:

- Reviewing the EEOICPA liability estimation model provided by OWCP and offering constructive feedback on its structure and underlying assumptions.
- Assessing the liability estimate for the fiscal year, suggesting necessary adjustments, establishing a range of reasonable estimates, and producing a final External Actuarial Review Report consistent with the agreed-upon formats endorsed by OWCP.
- Collaborating with OWCP staff to address any questions or concerns during the annual audit and review liability estimates.

In pursuit of these objectives, we conducted a thorough examination of OWCP's EEOICPA model and its assumptions. A focused sensitivity analysis was performed on key assumptions that significantly impact the overall liability when subjected to slight adjustments. This analysis identified and quantified how these critical assumptions influence the final liability estimate. The following key assumptions were identified and analyzed to determine a reasonable range of estimates:

- **Annual Inflation for Medical Costs:** This assumption reflects the expected long-term increase in medical costs. The OWCP applies an inflation rate of 6.6%–7.3% across the forecasted period. Even slight adjustments to this rate can notably affect the overall liability.
- **Average Age of Employee When Case is Approved:** This factor directly impacts the expected duration and amount of medical and compensation payments. OWCP's estimate is 71 years. Variations in this age alter liability estimates due to differing payout periods.

To understand the potential impact of changes to these assumptions, we examined two scenarios, which are discussed in further detail in the results section:

- **Scenario 1: Lower Medical Cost Inflation & Older Approval Age**
  In this scenario, the baseline medical inflation assumption was modified by applying 6.6% through year 10 and 5% for years 11 and beyond contrasting with OWCP's assumption of a constant 6.6% from year 3 onward. On top of this adjusted baseline, a 1% reduction in medical inflation was applied across all years. Additionally, the average age at which employees are approved was increased by 2 years. This resulted in an **11.12%** decrease in the final liability estimate, driven by reduced projected medical costs and a shorter benefit duration due to later approval.
- **Scenario 2: Higher Medical Cost Inflation & Younger Approval Age**
  This scenario uses the same adjusted baseline inflation structure (6.6% through year 10, 5% thereafter) and applies a 1% increase in medical inflation across all years. In addition, the average approval age was decreased by 2 years. This led to a **24.92%** increase in the final liability estimate, reflecting the compounding impact of higher long-term medical cost growth and a longer benefit period due to younger approval ages.

The table below summarizes the range of liability estimates derived from the scenarios above. The OWCP's estimate of $107,263 million is well within our calculated range of estimates, reinforcing that OWCP's estimate as reasonable and dependable in projecting future liabilities.

Table 1: Liability Estimate (in Millions)

	Lower Bound	OWCP's Estimate	Upper Bound
Liability Estimate	$80,528	$107,263	$119,189

Exhibit 1: Liability Summary (in Millions)

SUMMARY OF LIABILITY FOR FUTURE PAYMENTS ($ MILLIONS)					SUMMARY OF LIABILITY FOR FUTURE PAYMENTS ($ MILLIONS)			
	Discounted Estimate as of:		YOY Change:		Undiscounted Estimate as of:		YOY Change:	
	9/30/2025	9/30/2024	$ change	% change	9/30/2025	9/30/2024	$ change	% change
Compensation: Part B	2,009	2,273	(264)	-12%	2,614	2,843	(229)	-8%
Compensation: Part E	6,585	6,734	(149)	-2%	8,975	8,785	190	2%
Compensation: Total	**8,595**	**9,007**	**(413)**	**-5%**	**11,589**	**11,628**	**(39)**	**0%**
Medical Payments	98,668	75,293	23,376	31%	188,612	125,377	63,235	50%
Total Future Payments	**107,263**	**84,300**	**22,963**	**27%**	**200,200**	**137,004**	**63,196**	**46%**

* Discount rates at 9/30/2024: 2.465% for compensation and 2.939% for medical.

** Discount rates at 9/30/2025: 3.020% for compensation and 3.541% for medical.

The estimated liability for future payments under the EEOICPA as of September 30, 2025, reflects a significant year-over-year increase compared to the prior year's estimate as of September 30, 2024. Specifically, the discounted total future payments rose from $84,300 million to $107,263 million, an increase of approximately 27%, while the undiscounted estimate grew from $137,004 million to $200,200 million, a 46% rise (as detailed in Exhibit 1 above). This growth is driven by several interrelated factors, including elevated medical inflation and discount rate assumptions, rising medical costs and payment projections.

Review of Data

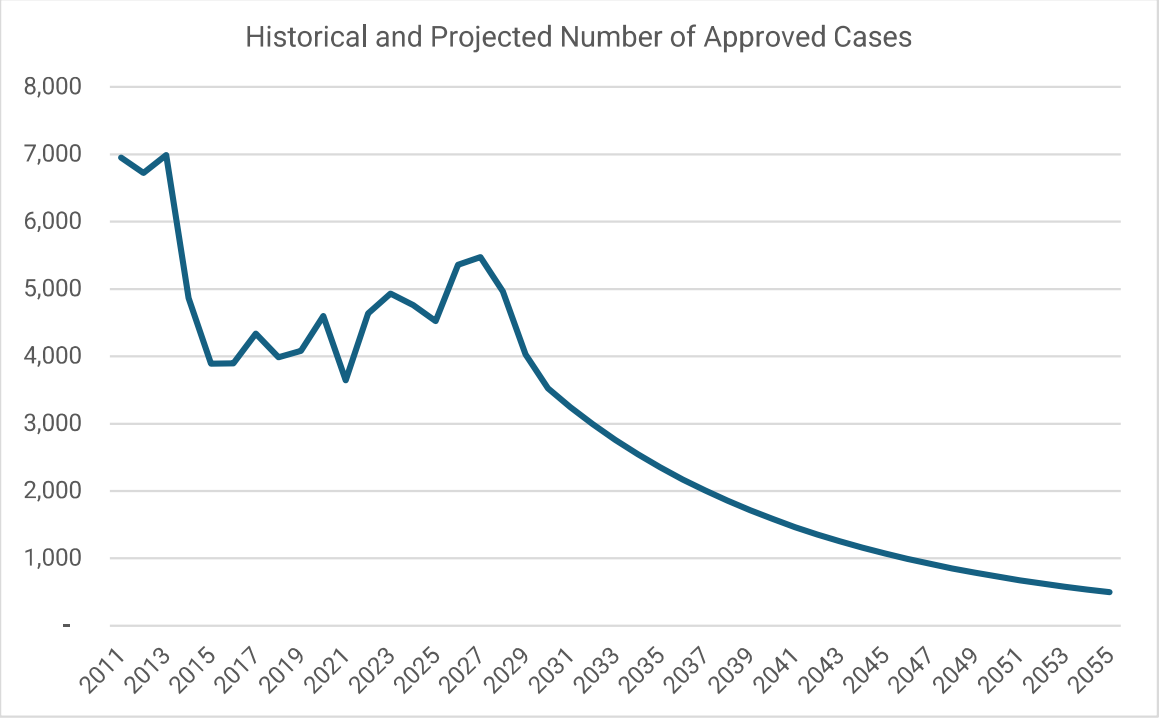
OWCP's Data

OWCP relies on historical records from the EEOICPA to support its actuarial modeling process for estimating future liabilities. The fiscal year 2025 model includes several critical components.

Historical information from EEOICPA records, such as medical payments, compensation payments, and claimant demographics is gathered. This comprehensive dataset provides a clear understanding of the program's past obligations, laying the foundation for a dependable model. The collection process ensures that all relevant information is captured to present a complete picture of the program's operational history.

Once collected, the data is integrated to ensure that the aggregated and analyzed historical data is smoothly incorporated into the actuarial model. Historical medical cost data is combined with mortality assumptions to estimate the duration and amount of future medical benefits, while compensation data helps forecast the timing and size of future payouts. This integration ensures that the estimation method is consistent with the features of the program.

Exhibit 2: Historical and Projected Number of Newly Approved Cases



Lepton's Assessment for Reasonableness

The data review found that OWCP's processes for estimating future EEOICPA benefits are comprehensive but may face challenges in accurately determining exposure and illnesses due to vast entities that could have exposure and the uncertainty around awareness of all exposed individuals. The reliance on exposure reconstructions and historical employment data introduces uncertainties, but the established protocols appear to be reasonable.

Review of Assumptions

Annual Medical Inflation

OWCP's Assumption and rationale

OWCP uses medical inflation rate assumptions to project future healthcare costs under the EEOICPA. These rates are critical for estimating long-term medical liabilities for covered claimants. The inflation rates adopted are as follows:

Fiscal year 2026	7.3%
Fiscal year 2027	6.7%
Fiscal year 2028 and later	6.6%

These rates reflect both short-term healthcare cost pressures and a longer-term expectation of stabilization. The gradual decline from 7.3% to 6.6% captures the anticipated moderation of medical inflation over time. The 6.6% rate for FY 2028 and later aligns with broader economic forecasts and represents a steady-state assumption for future medical cost growth.

OWCP incorporates these assumptions into its financial models to ensure compensation remains adequate and to maintain realistic projections of future obligations. Sensitivity analyses are periodically conducted to evaluate how changes in inflation rates affect overall liability estimates.

Lepton's Assessment of Reasonableness

Lepton finds the OWCP's medical inflation assumptions to be reasonable given current and projected trends in healthcare cost growth. The transition from higher short-term rates to a stable long-term rate is consistent with economic expectations. However, due to the inherent uncertainty in forecasting medical cost trends—particularly in a volatile and evolving healthcare environment, Lepton emphasizes the importance of periodic review and adjustment of these assumptions to maintain alignment with actual inflation trends.

Sensitivity testing confirms that the inflation assumption is a key driver of liability projections. A ±1% change in the assumed inflation rate resulted in a 13.21% decrease and a 16.35% increase, respectively, in the overall liability estimate. This underscores the significant impact of the assumption and reinforces the need for ongoing monitoring and potential recalibration.

Exhibit 3: Key Assumptions for Discount Rates and Medical Inflation

Assumption	2024	2025
Annual Inflation for Medical (Yr 1)	8.30%	7.30%
Annual Inflation for Medical (Yr 2)	5.90%	6.70%
Annual Inflation for Medical (Yr 3)	5.90%	6.60%
Annual Inflation for Medical (Yr 4)	5.80%	6.60%
Annual Inflation for Medical (Yr 5)	5.80%	6.60%
Annual Inflation for Medical (Yr 6+)	5.00%	6.60%
Discount Factor for Compensation	2.47%	3.02%
Discount Factor for Medical	2.93%	3.54%

The key assumptions underpinning the EEOICPA liability model reflect a balanced incorporation of economic, demographic, and program-specific factors, with year-over-year adjustments to align with evolving conditions. For 2025, discount rates have increased compared to 2024 (compensation at 3.02% vs. 2.47%; medical at 3.54% vs. 2.93%), indicating a response to rising interest rates and a stronger economic outlook. This adjustment reduces the present value of future payments, providing a conservative buffer against volatility. Medical inflation assumptions show a stepped structure, starting at 7.3% for Year 1 (down from 8.3% in 2024) and stabilizing at 6.6% for Years 6+ (up from 5.0% in 2024), capturing short-term healthcare cost

pressures while assuming long-term moderation. This escalation in long-term inflation for 2025 underscores persistent challenges like treatment advancements for covered illnesses (e.g., cancer and beryllium-related conditions), contributing to higher projected medical liabilities.

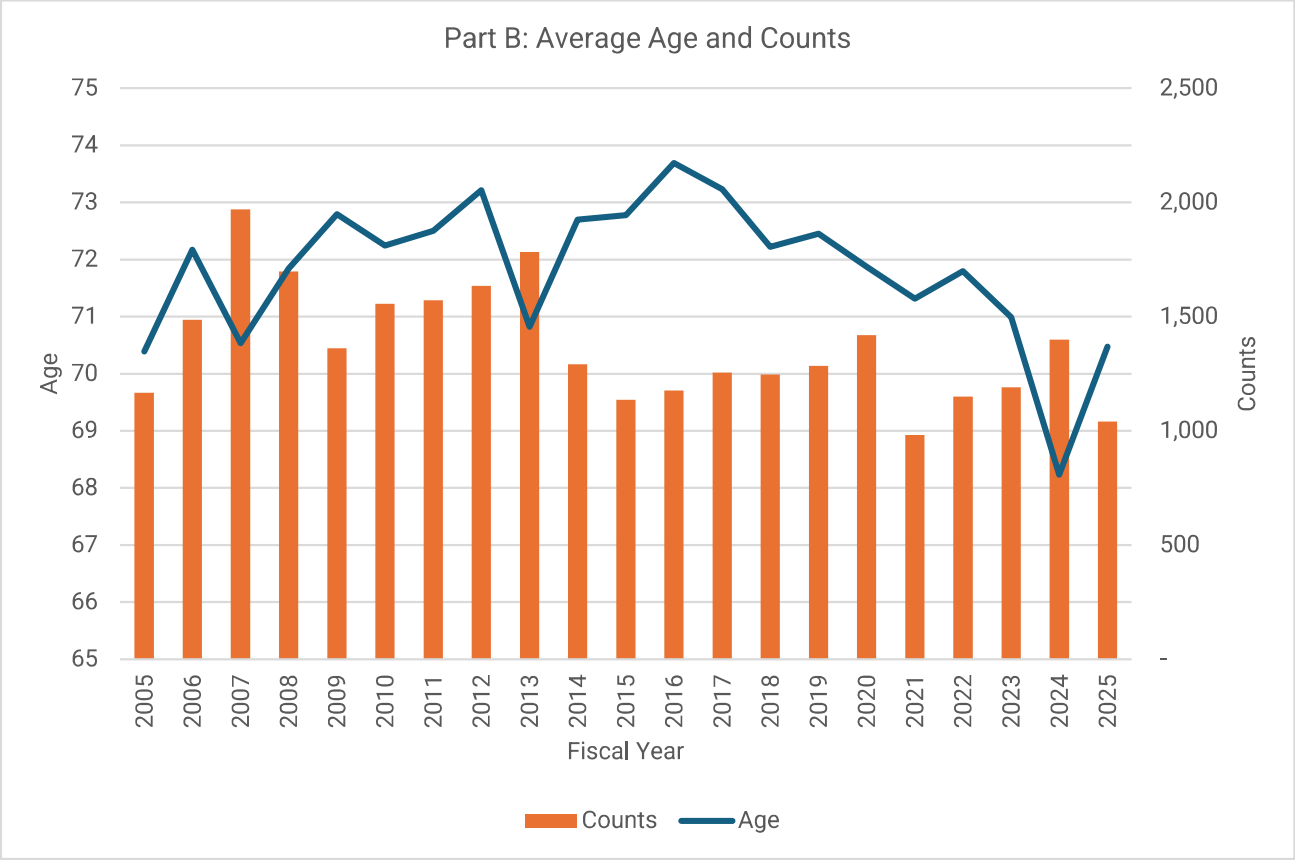
Average Age of Employee when Case is Approved

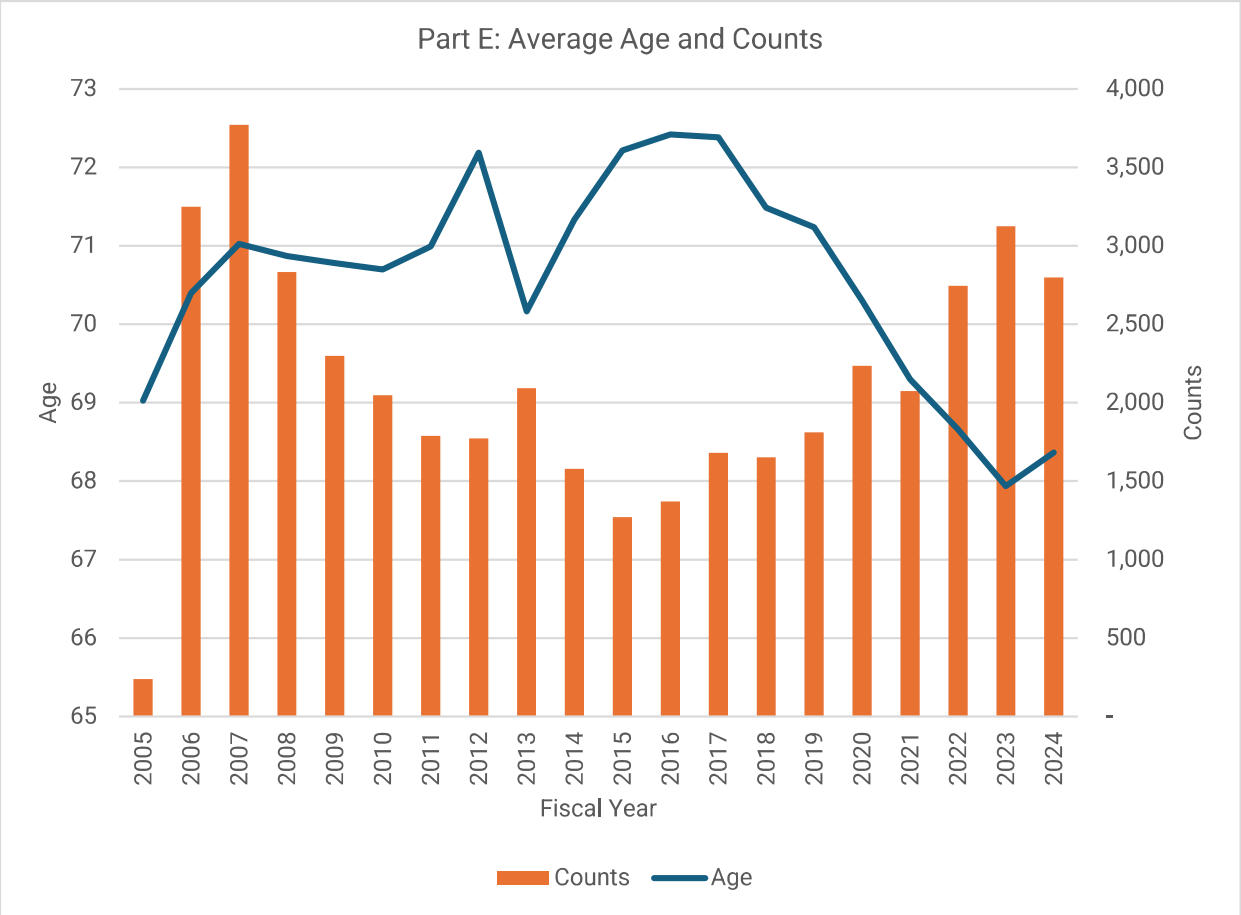
OWCP's Assumption

OWCP estimates the average age of employees when their cases are approved to be 71 years. This assumption reflects the expected age at which eligible individuals begin receiving benefits, based on historical trends and demographic patterns observed within the program.

When plotting a histogram of the fiscal year against the average age of employees at case approval (see histogram below), we observe that some years show slightly higher values than the 71-year assumption used by OWCP. To explore alternative scenarios, considering these historical facts, we examined the impact of increasing the assumption by two years to 73 and decreasing it by two years to 69.

Exhibit 4: Histogram of Average Age at Case Approval by Fiscal Year





The average age at case approval serves as a critical demographic input influencing benefit duration and liability projections, with a clear historical trend toward higher ages reflecting the aging workforce exposed to historical risks. From 2005 to 2025, Part B averaged approximately 72 years for the 2014-2025 period, while Part E averaged 70 years, yielding an overall average of 71 years. Early years (2005-2010) show ages around 70-72, with a peak in 2016 at 73 for Part B, driven by delayed filings from older claimants. Post-2016, a gradual decline is evident, dropping to 68 for Part B in 2024 before a slight rebound to 70 in 2025, due to improved outreach or varying disease latencies (for instance, longer for chronic conditions like silicosis).

This trend supports OWCP's assumption of 71 years for 2025 modeling, as it balances historical data with projections, extending benefit periods for medical and compensation payments. Lower ages in recent years (e.g., 67 for Part E in 2023) could indicate younger survivors, potentially increasing liabilities by prolonging payouts. However, the overall stability around 71 aligns with program maturity, where most eligible individuals are now in their 70s. Sensitivity analyses show that a 2-year decrease to 69 raises liabilities by ~7.88% due to extended durations, while an increase to 73 reduces them by ~7.09%, highlighting its impact on cashflows. The histogram in Exhibit 4 above visually confirms this clustering around 71-73 in the 2014-2025 period, validating the assumption's reasonableness while recommending ongoing monitoring for shifts in claimant demographics, such as from new cohorts or policy changes.

Impact of Adjusted Assumptions

The average age of case approval was increased by 2 years, from 71 to 73, resulting in a -7.09% change in the final liability estimate. This reduction is driven by the shorter expected duration of benefit payouts, as a higher approval age typically reduces the remaining life expectancy of the claimants. Consequently, the projected future medical payments are lower, reflecting a smaller present value of the benefits.

In the second scenario, the average age of case approval was decreased by 2 years, from 71 to 69, which resulted in a 7.88% increase in the final liability estimate. Lowering the approval age extends the expected duration of benefits, as younger claimants are likely to receive payments for a longer period. This leads to higher projected future costs, increasing the present value of liabilities and driving the overall estimate upward.

Lepton's Assessment of Reasonableness

The sensitivity analysis showed that increasing the average age by two years to 73 resulted in a 7.09% decrease in the liability estimate, while decreasing it by two years to 69 led to a 7.88% increase. These findings underscore the significant impact of the average age at approval on liability projections. We find the 71-year assumption to be reasonable and dependable in determining the liability estimate. Given observed fluctuations and potential demographic changes, however OWCP may want to reevaluate whether the 71-year assumption remains suitable for both current and future trends. Careful reassessment could ensure that liability estimates remain accurate and reflective of evolving patterns.

Estimated Current Fiscal Year Medical Discount Rate

OWCP's Assumption

To estimate the present value of future medical liabilities under EEOICPA, OWCP applies a medical discount rate. For the current fiscal year, OWCP uses a rate of 3.541%, which is based on the Spot Rate Average Duration as provided by the U.S. Department of the Treasury.

This rate is an important input in the actuarial model, as it adjusts future medical costs to present value, allowing for more accurate long-term liability projections. The discount rate reflects prevailing economic conditions and interest rate environments and is updated regularly by the Treasury to ensure alignment with market expectations.

Lepton's Assessment of Reasonableness

Lepton considers the use of the 3.541% discount rate to be reasonable and within the current economic context. The reliance on a Treasury-provided rate enhances the objectivity and transparency of the assumption. While the rate may vary with economic conditions, its application reflects standard actuarial practice and ensures that liability estimates remain grounded in current market data. Given its significance, Lepton recommends continued monitoring of the rate and timely updates to projections as new rates are published.

Other Assumptions

Other assumptions remain stable, such as the use of the PRI-2012 Male mortality table without projection scales, which simplifies modeling but may slightly understate longevity improvements. The average age at case approval is held at 71 (consistent with 2024), reflecting demographic trends in the claimant population. Benefit amounts are fixed (e.g., Part B at $150,000 with no annual inflation), ensuring predictability, while eligibility for medical benefits (100% if employee-filed) and estimated current-year medical payments ($2.395 billion, up 21% from $1.98 billion in 2024) highlight growing program costs. These assumptions are reasonable and data-driven, as they incorporate historical patterns and economic forecasts, but their sensitivity particularly to inflation and discount rates warrants annual reviews to mitigate risks from macroeconomic shifts.

Review of Methods

OWCP's Methods

Data organization and aggregation by OWCP involve meticulous collection of detailed claim-level data, including medical and compensation payments, claim status, and employee information. This data is then aggregated into summarized tables, which facilitates efficient analysis and allows for effective manipulation of large datasets.

When estimating future awards for Part E claims, OWCP relies on historical data and uses exponential decay models, supported by actuarial judgment. For medical claims, mortality tables are applied to refine the estimates further, considering the longevity of claimants.

For compensation, OWCP uses the average compensation per case for Part B, varying it by the governing disease based on program provisions. For Part E, the chain-ladder method is employed to analyze historical payment data and estimate ultimate losses. Loss Development Factors (LDFs) are used to establish payout patterns, which serve as the foundation for projecting future cash flows. Medical payments are projected using historical data adjusted for inflation according to trends in medical costs.

To present a comprehensive estimate of liability, OWCP discounts future payments to their present value using specified discount rates. This process ensures a reliable reflection of total liability as of September 30, 2025.

OWCP's Rationale

OWCP's data organization and aggregation approach ensures the systematic collection and structured presentation of all relevant information, which serves as a solid foundation for liability estimation. Summarized tables provide an effective means of interpreting and analyzing extensive datasets, aiding in informed decision-making.

In estimating future awards, OWCP's reliance on historical data and exponential decay models demonstrates a commitment to identifying and following established trends, alongside the use of actuarial judgment. For medical claims, the inclusion of mortality tables reflects an understanding of how claimant life expectancy affects future liabilities.

Lepton's Assessment for Reasonableness

Lepton finds OWCP's methodology for data organization and aggregation to be thorough and consistent with actuarial best practices. The systematic organization of data supports reliable analysis and future projections, laying a reliable groundwork for liability estimations.

Lepton agrees with OWCP's use of historical data and exponential decay models for projecting future awards, recognizing these as standard actuarial practices. The use of actuarial judgment to refine these projections is crucial, particularly when considering potential external changes that could affect claim frequency. Lepton also supports the use of mortality tables in estimating medical claims, noting this approach is suitable given the nature of the claimant population.

Regarding compensation payments, Lepton endorses the application of the chain-ladder method and LDFs for estimating Part E compensation payments, acknowledging this method is well-suited to the nature of these payments, which are made over time. This method effectively captures the ultimate claim costs. The chain-ladder approach provides a structured way to project future payments based on historical data, aligning with the long-term nature of Part E compensation.

The adjustments for medical inflation are seen as appropriate, given the growing costs of healthcare. However, Lepton suggests conducting periodic reviews of inflation assumptions to ensure they remain relevant to emerging trends.

Lepton concurs with OWCP's discounting approach, which presents liability estimates in present value terms. This practice is standard in actuarial assessments and ensures a realistic estimation of future financial.

Review of Results and Reasonableness of Estimates

In evaluating the final liability estimates for the EEOICPA, we focused on assessing the assumptions and methodologies used by the OWCP to ensure their reasonableness and appropriateness. This summary outlines our review of key assumptions, including inflation rates, discount rates, data quality, and overall methodology, to determine whether the results align with established actuarial standards and economic expectations.

Key Assumptions and their Impact

- **Annual Inflation for Medical:**
  OWCP's medical inflation assumption begins with higher rates in the near term, followed by a slight decline and then stabilization for the long-term projection period. For the 2025 estimate, this includes:

  - **7.3%** for Fiscal Year 2026 (Year 1)
  - **6.7%** for Fiscal Year 2027 (Year 2)
  - **6.6%** for Fiscal Year 2028 and beyond (Year 3+)

  These rates reflect anticipated short-term healthcare cost pressure such as increasing complexity and intensity of treatments, followed by a return to more stable growth expectations. The long-term rate of 6.6% is used for projecting medical costs beyond the initial years and provides a consistent basis for estimating future liabilities.

  This stepped structure allows OWCP to better align liability estimates with expected trends while acknowledging that medical inflation is inherently uncertain and can be influenced by various economic and healthcare-specific factors. Given this uncertainty, it is important that these assumptions are revisited regularly to ensure they remain appropriate as conditions evolve.

- **Average Age of Employee when Case Approved:**
  The average age represents the typical age of claimants in the program when the case was approved, held at 71 years for the 2025 estimate based on historical trends from 2014-2025 (averaging 71 years overall for Parts B and E). This assumption directly impacts the duration of benefit payments, as a younger average age would extend the payment period and increase liability, whereas an older average age would shorten it. While the assumption is reasonable and aligns with program demographics, it should be periodically reassessed to account for any changes in the claimant profile.

- **Estimated Current Fiscal Year Medical Payments:**
  This estimate, based on current claims data and projected payment patterns, establishes the baseline for forecasting future medical payments. For 2025, it is set at $2.395 billion, reflecting a notable increase from $1.98 billion in 2024. Accurate estimation is critical, as both (under)/over-estimation can significantly impact the overall liability projection—especially given ongoing pressures in medical cost trends and evolving patterns in healthcare utilization. The current estimate appears reasonable in the context of recent developments in medical payments and the continued recovery of healthcare provider margins.

- **New Case Ending Fiscal Year:**
  This assumption reflects trends in case filings and the anticipated decline in new cases over time, with projections showing approvals tapering to zero by around 2085 (an extension from prior models to capture long-tail claims). Extending the projection period to 2085 is reasonable, although it presents some uncertainty due to potential legislative or scientific developments. Regular updates to this assumption may be necessary as trends evolve, ensuring alignment with decaying approval rates observed in historical data. Notably, credit is due to OWCP for incorporating recent legislative changes stemming from the One Big Beautiful Bill Act that amended RECA to extend the claim filing deadline to 12/31/2026, and to expand eligibility to qualified individuals who were exposed through 1990, demonstrating responsiveness to evolving statutory frameworks.

- **Compensation Benefit Amounts:**
  The methodology for calculating average compensation for Part B adheres to established program provisions (e.g., $150,000 fixed benefit with no annual inflation) and is deemed reasonable. The application of the chain-ladder method for Part E is appropriate, given its effectiveness in handling historical payment data and estimating future liabilities, considering the incremental nature of the payouts. The approach to forecasting medical benefits is also reasonable, as it incorporates inflation, and historical payment data trends to ensure realistic projections.

- **Discount Rates:**
  These rates, based on long-term economic forecasts, are used to calculate the present value of future payments, with 2025 values set at 3.02% for compensation and 3.54% for medical (up from 2.47% and 2.93% in 2024). The selected discount rates align with current economic conditions, including mid-term applicable federal rates around 4.04% as of September 2025 and pension discount yields rising to approximately 5.68% in mid-2025. However, they should be reviewed regularly to reflect any changes in interest rates and inflation.

- **Discount Period:**
  The 60-year discount period (extending to 2085) is appropriate for capturing long-term liabilities, ensuring that future payments are fully accounted for in the 2025 estimate.

- **Mortality Table and Multiplier:**
  The use of a static mortality table (PRI-2012 Male) with a multiplier of 1.00 simplifies calculations but assumes no future changes in mortality trends. While this approach is reasonable for current estimates, it may understate future liabilities if mortality rates improve, as seen in ongoing workforce aging dynamics.

- **New Cases and Decay Rates:**
  These rates represent the expected decline in new case approvals over time, varying appropriately by governing disease category to reflect distinct historical trends in filings, such as slower decays for high-volume conditions like certain cancers and faster for others like chronic silicosis. The decay rates are reasonable and grounded in program data, capturing the maturation of the claimant pool from historical exposures, but should be reviewed regularly to ensure they reflect current trends. For RECA specifically, we conducted a sensitivity analysis by gradually increasing the decay rate over years past 2027 instead of the abrupt shift applied in the base model and found no significant impact, with the total liability estimate rising only marginally from $107,263 million to $107,288 million.

- **Payment Patterns:**
  Payment patterns for Part E compensation, distributed over multiple years, are based on historical data and accurately reflect how benefits are typically distributed. These patterns are deemed reasonable and ensure reliable projections of future liabilities.

Range of Reasonable Liability Estimates

We conducted a focused sensitivity analysis to establish a reasonable range of liability estimates based on assumptions identified as critical in the model. The objective was to come up with a confidence range.

The following assumptions were chosen because they were identified as the most critical due to their impact on the overall result:

Annual Inflation for Medical Costs in Future Years: The assumption reflects the expected short, medium and long-term increase in medical costs. It is used from future year 1 to 6+ to the last projection year 2085. This period is a sizable portion of the liability horizon making this assumption critical in estimating the final estimate.

Average Age of Employee When Case is Approved: This factor directly impacts the expected duration and amount of benefit payments. Variations are made to this to see the impact on final liability.

From these assumptions we produced two scenarios whose findings are discussed below.

Findings

Scenario 1: Lower Medical Cost Inflation & Older Approval Age
This scenario is based on a modified inflation assumption: 6.6% annually through year 10, followed by 5% from year 11 onward, reflecting long-term historical averages while excluding the abnormally high inflation of the 1970s. A 1% reduction in medical inflation was then applied across all future years. In addition, the average age at which employees are approved was increased by 2 years. This combination resulted in an **11.12%** decrease in the final liability estimate. The reduction is primarily driven by lower projected medical expenses over time and a shorter benefit period due to later case approvals.

Scenario 2: Higher Medical Cost Inflation & Younger Approval Age
Using the same adjusted baseline (6.6% through year 10 and 5% thereafter), a 1% increase in annual medical inflation was applied across all future years. The average age at case approval was also decreased by 2 years. This led to a **24.92%** increase

in the final liability estimate, reflecting both higher projected medical costs and longer benefit durations associated with earlier approvals.

Table 2: Comparison of OWCP and Lepton Estimates (in Millions)

Scenario	Total Liability Estimate (Millions)	% Difference from OWCP
Scenario 1 (Lower Bound)	$80,528	-11.12%
OWCP Estimate	$107,263	-
Scenario 2 (Upper Bound)	$119,189	24.92%

Range of Reasonable Estimate

Based on Lepton's review, the range of reasonable estimates spans between the two scenarios, both of which offer a plausible range of future outcomes:

- **Lower Bound (Scenario 1)**: With a total future payment estimate of $80,528 million, Lepton's Scenario 1 reflects an optimistic assumption of reduced medical payments, stemming from lower medical inflation and a faster decline in active medical claims.
- **Upper Bound (Scenario 2)**: Lepton's more pessimistic Scenario 2 projects total future payments of $119,189 million, assuming higher medical costs and a more prolonged claim duration.

This range provides a comprehensive perspective on the potential future liabilities, with OWCP's estimate of $107,263 million being well within our range of estimates. Both scenarios account for plausible variations in healthcare inflation, and medical discount rates.

Assessment of Reasonableness

Overall, the assumptions used by OWCP in estimating liabilities under the EEOICPA are reasonable and well-supported by historical data, industry studies, and actuarial standards. Each assumption was subjected to sensitivity analysis, revealing that the final liability estimates are relatively robust against minor adjustments. This indicates that OWCP's approach is sound, and the results are dependable for planning and budgeting purposes.

The slight variations observed in the sensitivity analyses, whether due to changes in inflation rates, discount rates, demographic factors, or medical costs, suggest that the results are not overly sensitive to any single assumption. This robustness is a positive indicator of the overall reliability of the liability estimates.

Conclusion

The review of the results indicates that OWCP's assumptions and methodology are appropriate for estimating future liabilities under the EEOICPA. The assumptions have been validated through sensitivity analyses and are supported by historical data and industry studies. While the final liability estimates are within the range of reasonable estimates, it is important to note that actual realized results could differ materially if a combination of the assumptions differed to those assumed in the model. Regular reassessment of these assumptions is crucial in ensuring reliability of estimates.

Glossary

Applicable Standards

- **U.S. Department of the Treasury:**

  Discount Rates: The U.S. Department of the Treasury certifies the discount rates used to estimate the present value of future EEOICPA benefit payments. These rates are crucial for calculating discounted liability and ensuring consistency with federal financial practices.

- **Actuarial Standards of Practice (ASOPs):**

  ASOP No. 35: Selection of Demographic and Other Noneconomic Assumptions for Measuring Liabilities: This standard provides guidance on selecting assumptions related to demographic factors like age and mortality. For EEOICPA, this includes assumptions related to claimant demographics and the likelihood of developing covered illnesses.

  ASOP No. 23: Data Quality: This standard emphasizes the importance of ensuring that data used in actuarial calculations is accurate, dependable, and sufficient. For EEOICPA, this involves verifying claims data, compensation amounts, and medical expenses to support accurate liability estimates.

  ASOP No. 27: Selection of Economic Assumptions for Measuring Liabilities: These standards guide the selection of economic assumptions, including discount rates and inflation rates. In the context of EEOICPA, it involves choosing appropriate rates to discount future benefit and medical expense payments.

  ASOP No. 36: Statements of Actuarial Opinion Regarding Property/Casualty Loss and Loss Adjustment Expense Reserves: This standard provides guidance on the preparation of actuarial opinions related to loss and loss adjustment expense reserves. For EEOICPA, ASOP 36 is relevant in the application of the Chain Ladder technique used to estimate Part E ultimate liabilities. It ensures that actuarial estimates of unpaid claims and reserves are developed and disclosed according to professional standards.